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United States
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Animal and
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Service

APHIS 91-55-006

USDA

# Veterinary Accreditation

## A Reference Guide for Practitioners

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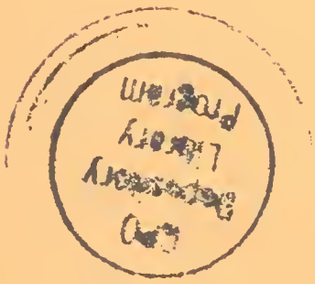

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## Introduction

Welcome to the Veterinary Accreditation Program. We are pleased that you have agreed to participate in the program. This reference manual is your guide to the Accreditation Program and contains information to help you fulfill your responsibilities once you are accredited by the U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS). This guide provides instructions for identifying animals and diseases, vaccinating animals, and controlling and eradicating diseases. It also identifies regulations for intrastate and interstate shipment and international export of animals. Samples of appropriate forms and instructions for completing them are provided in appendix A.

As an accredited veterinarian, you are a key professional in assuring the health of this Nation's livestock and poultry. APHIS relies on accredited veterinarians for carrying out many of the programs and services designed to protect public health and well-being by preventing, controlling, and eradicating animal disease. You and other accredited veterinarians share in a partnership with APHIS. The professional ethic is the basis for trust between veterinarians and clients and also between veterinarians and their peers working in animal health and regulatory medicine.

Additional questions about any aspect of this program should be directed to the Federal or State field regulatory veterinarian in your area or your respective APHIS Veterinary Services office listed in appendix B. Appendix C lists all State Veterinarians.

As an accredited veterinarian, you must perform all accreditation work following State and Federal laws and regulations and approved procedures. Included in this guide are the Standards for Accredited Veterinarians from the Code of Federal Regulations (CFR) (appendix D) and various Veterinary Services' memoranda that apply to the Veterinary Accreditation Program (appendix E). By agreeing to participate in the Accreditation Program, you have accepted the responsibility for knowing these and other appropriate Federal and State regulations concerning disease control and prevention and transportation of animals.

Naturally, it is important to be sure that all APHIS-accredited veterinarians are performing their duties in accordance with current USDA regulations. The regulatory enforcement unit of APHIS' Regulatory Enforcement and Animal Care (REAC) staff provides investigative and enforcement support to all the agency's program units, including Veterinary Services. REAC investigators contact accredited veterinarians about interstate movements of livestock that failed to meet State or Federal requirements. REAC investigators also look into allegations that an accredited veterinarian did not abide by the accreditation standards as explained in this manual. Further details about REAC's work and your role in the investigatory process are found in the section entitled Compliance.

If you find errors or have suggestions for improving this guide or the Accreditation Program in general, please call your local Federal veterinarian or Area Veterinarian-in-Charge.

## Identifying Animals

### Overview

To control and eradicate animal diseases, epidemiologists must be able to trace the movement of animals. This goal can be reached only if the animals are properly identified and the individual and herd identification are recorded.

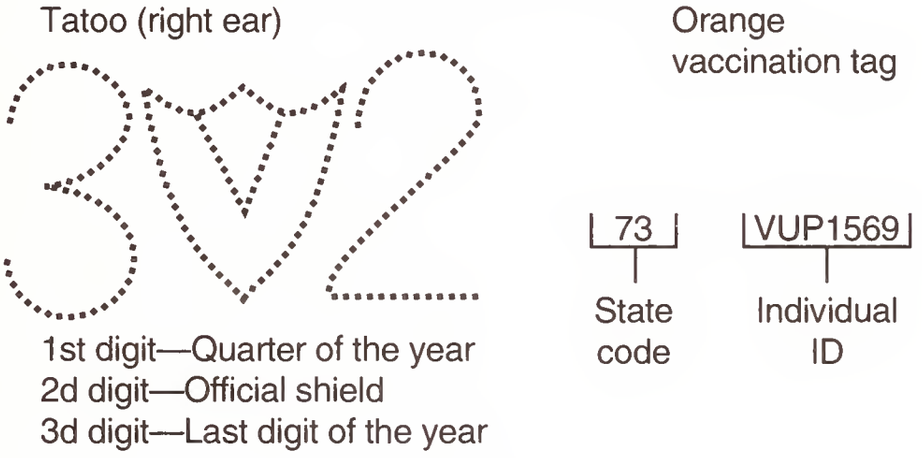
As an accredited veterinarian, you are legally responsible for properly identifying animals and recording the identification on certain official documents, such as health or inspection certificates, test charts, and vaccination charts. It is essential that another individual be able to positively identify animals that you have listed on official documents. When documents require animal identification, record all forms of identification associated with the animal.

Acceptable means of identifying different species of animals are defined below. USDA-approved backtags cannot be used as the only identification for onfarm testing or for movement other than in slaughter channels.

### Cattle Identification

In addition to listing the correct age, sex, and breed of the animal, use one or more of the following identification methods. Record all forms if there is more than one form of identification present. (See fig. 1 for an example of a calfhood vaccination identification, fig. 2 for a depiction of cattle dentition to assess age, and table 1 for a list of bovine breeds and abbreviation codes.)

Figure 1. **Brucellosis Calfhood Vaccination Identification**



- Official eartag. An official eartag is a metal eartag that APHIS has approved as being tamper resistant and as conforming to the nine-character alphanumeric National Uniform Eartagging System. This system provides a unique identification for each animal. The first two numbers on a tag are the numbers assigned to a specific State. For example, South Carolina's number is 56. (See tables 2 and 3 for other State numbers.)

- Individual animal's registration tattoo.

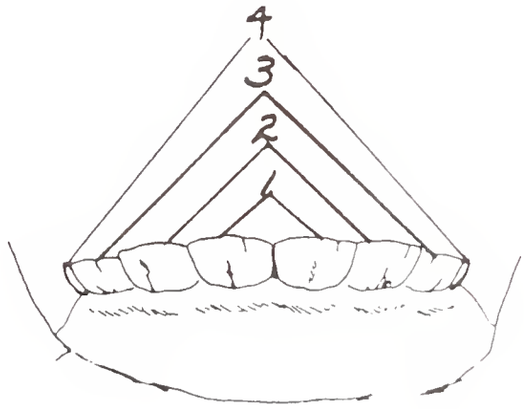
- Official registration brand.

- Registration number of a breed association recognized by APHIS' Veterinary Services in conjunction with an official eartag, tattoo, or brand.

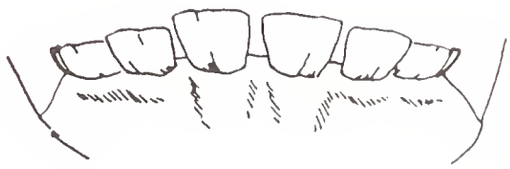
- USDA-approved backtag. Backtags are used mostly in stockyards or slaughterhouses.

Figure 2. **Cattle Dental Formula.** (Adapted from Bovine Practitioner, No. 9-74, and "Incisor Tooth Eruption, Development and Attrition," Texas A&M University.)

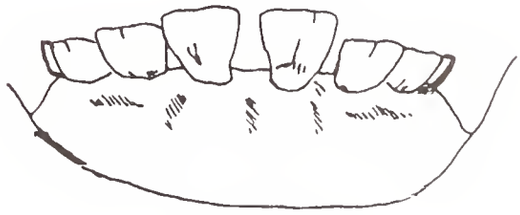
Upper and lower arcades showing premolars and molars.
1—1st premolar; 2—2d premolar; 3—3d premolar; 4—1st molar;
5—2d molar; and 6—3d molar.




18 months



19 months



20 months

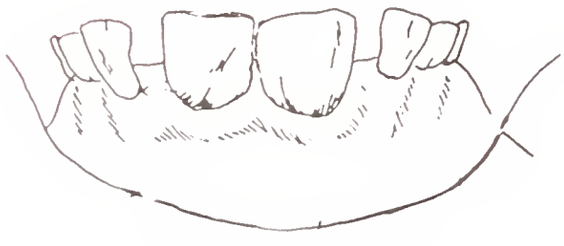
Figure 2. **Cattle Dental Formula** (continued)

20 1/2 months

21 months

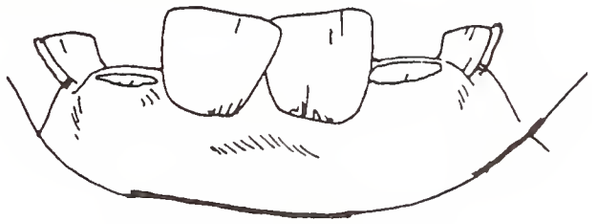
22 months

23 1/2 months

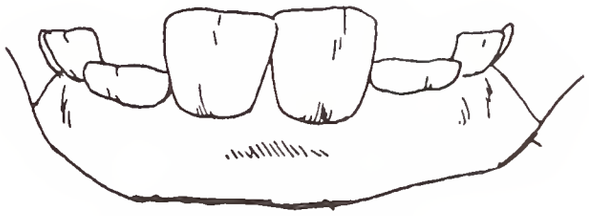


25 months

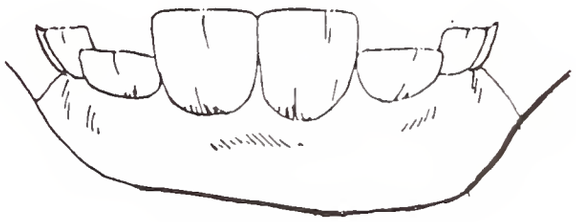
Figure 2. **Cattle Dental Formula** (continued)



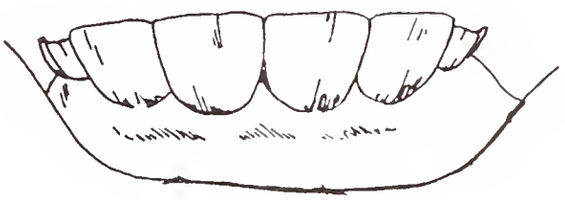
26 1/2 months



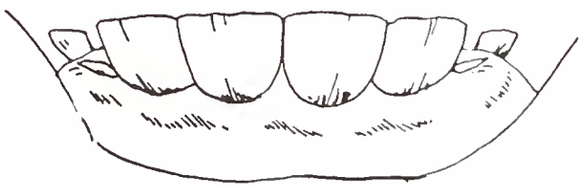
27 months



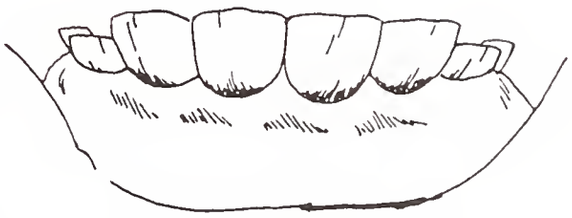
27 1/2 months



29 1/2 months



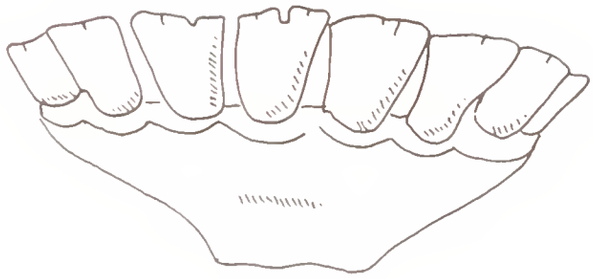
30 months



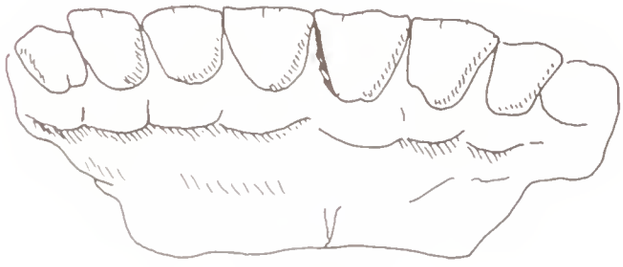
32 months

Figure 2. **Cattle Dental Formula** (continued)

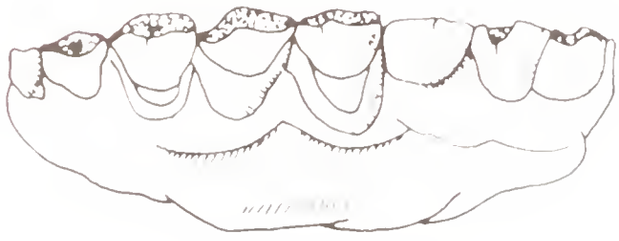
34 months



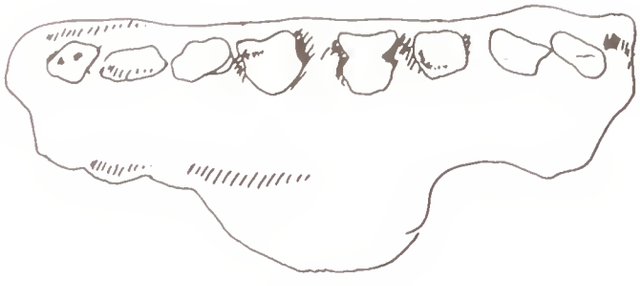
5 years



7 years



9 years



11 years

## Table 1—Cattle breeds and their abbreviation codes[1]

| Code | Breed | Code | Breed |
|---|---|---|---|
| AN | Aberdeen Angus | HH | Hereford (horned) |
| AB | Abondance | HP | Hereford (polled) |
| AF | Afronkander | SH | Highland (Scotch Highland) |
| AY | Ayrshire | HO | Holstein |
| BA | Barzona | HY | Hybrid (Alberta Hybrid) |
| BE | Beefalo | JE | Jersey |
| BF | Beef Friesian | KB | Kobe (Wagyu) |
| BM | Beef Master | LM | Limousin |
| BB | Belgium Blue | LR | Lincoln Red |
| BG | Belted Galloway | LL | Luing |
| BW | Black Whiteface | MA | Maine–Anjou |
| BD | Blonde D'Aquitaine | MR | Marchigiana |
| BO | Braford | ME | Maremmana |
| BR | Brahman | MI | Meuse–Rhine–Ijessel |
| BH | Brahmental | MO | Montbeliard |
| BN | Brangus | MG | Murray Grey |
| BU | Braunvieh | NM | Normandie |
| SB | Brown Swiss (beef) | NR | Norwegian Red |
| BS | Brown Swiss (dairy) | PA | Parthenais |
| CN | Canadienne | PI | Piedmont |
| CP | Capine Red Pied | PR | Pie Rouge |
| CB | Charbray | PZ | Pinzgauer |
| CH | Charolais | RN | Ramagnola |
| CA | Chianina | RA | Ranger |
| XX | Crossbred | AR | Red Angus |
| DB | Danish Black & White | RB | Red Brangus |
| DJ | Danish Jersey | RD | Red Dane (Red Danish, Danish Red) |
| RW | Danish Red & White | WW | Red Holstein |
| DE | Devon | RP | Red Poll |
| DR | Dexter | RO | Rotbunte |
| FP | East Flemish Red Pied | AS | Salers |
| ER | Eringer | SG | Santa Gertrudis |
| FA | Flamand | MS | Shorthorn (milking) |
| FL | Fleckvieh | SS | Shorthorn (beef-Scotch) |
| FR | Fribourg | SP | Shorthorn (polled) |
| FB | Friesian (Belgium) | IS | Shorthorn (Illawara) |
| DF | Friesian (Dutch) | SM | Simmental |
| GA | Galloway (beef) | DS | South Devon |
| GD | Galloway (dairy) | DX | Sussex |
| GS | Gascone | TA | Tarrantaise |
| GV | Gelbvieh | TG | Tasmanian Grey |
| GR | Groninger | TL | Texas Longhorn |
| GU | Guernsey | WB | Welsh Black |
| HC | Hays Converter | WF | West Flemish Red |

[1]If an animal is crossbred, record the predominant breed with an "X" beside it, e.g., ANX. Use only XX when no single breed is predominant.

## Table 2—State codes, arranged numerically

| | | | |
|---|---|---|---|
| 11 | Maine | 55 | North Carolina |
| 12 | New Hampshire | 56 | South Carolina |
| 13 | Vermont | 57 | Georgia |
| 14 | Massachusetts | 58 | Florida |
| 15 | Rhode Island | 61 | Kentucky |
| 16 | Connecticut | 63 | Tennessee |
| 21 | New York | 64 | Alabama |
| 22 | New Jersey | 65 | Mississippi |
| 23 | Pennsylvania | 71 | Arkansas |
| 31 | Ohio | 72 | Louisiana |
| 32 | Indiana | 73 | Oklahoma |
| 33 | Illinois | 74 | Texas |
| 34 | Michigan | 81 | Montana |
| 35 | Wisconsin | 82 | Idaho |
| 41 | Minnesota | 83 | Wyoming |
| 42 | Iowa | 84 | Colorado |
| 43 | Missouri | 85 | New Mexico |
| 45 | North Dakota | 86 | Arizona |
| 46 | South Dakota | 87 | Utah |
| 47 | Nebraska | 88 | Nevada |
| 48 | Kansas | 91 | Washington |
| 50 | Delaware | 92 | Oregon |
| 51 | Maryland | 93 | California |
| 52 | Virginia | 94 | Puerto Rico |
| 54 | West Virginia | 95 | Hawaii |
| | | 96 | Alaska |

Source: Animal Health Information Center, Kerr Foundation, Box 588, Poteau, OK 74935.

**Table 3—State codes, arranged alphabetically**

| | | | |
|---|---|---|---|
| Alabama | 64 | Montana | 81 |
| Alaska | 96 | Nebraska | 47 |
| Arizona | 86 | Nevada | 88 |
| Arkansas | 71 | New Hampshire | 12 |
| California | 93 | New Jersey | 22 |
| Colorado | 84 | New Mexico | 85 |
| Connecticut | 16 | New York | 21 |
| Delaware | 50 | North Carolina | 55 |
| Florida | 58 | North Dakota | 45 |
| Georgia | 57 | Ohio | 31 |
| Hawaii | 95 | Oklahoma | 73 |
| Idaho | 82 | Oregon | 92 |
| Illinois | 33 | Pennsylvania | 23 |
| Indiana | 32 | Rhode Island | 15 |
| Iowa | 42 | South Carolina | 56 |
| Kansas | 48 | South Dakota | 46 |
| Kentucky | 61 | Tennessee | 63 |
| Louisiana | 72 | Texas | 74 |
| Maine | 11 | Utah | 87 |
| Maryland | 51 | Vermont | 13 |
| Massachusetts | 14 | Virginia | 52 |
| Michigan | 34 | Washington | 91 |
| Minnesota | 41 | West Virginia | 54 |
| Mississippi | 65 | Wisconsin | 35 |
| Missouri | 43 | Wyoming | 83 |
| | | Puerto Rico | 94 |

Source: Animal Health Information Center, Kerr Foundation, Box 588, Poteau, OK 74935.

**Swine Identification**

In addition to listing the correct age, sex, and breed of the swine, use one of the following identification methods. (See table 4 for swine breed codes.)

- Official USDA eartag.
- USDA-approved backtag. Backtags are used mostly in stockyards and slaughterhouses. Backtags cannot be used as a sole source of identification outside of slaughter channels.
- Official swine tattoo. An official swine tattoo conforms to the six-character alphanumeric National Tattoo System, which provides a unique identification for each herd or lot of swine. It is used primarily in stockyards and slaughterhouses and is not an acceptable form of identification for breeding stock.
- Ear notching. Ear notching may be used if the ear notching has been recorded in the book of record of a purebred registry association.
- Ear tattoo. An ear tattoo may be used if it has been recorded in the book of record of a purebred registry association.

**Table 4—Abbreviation codes for swine breeds common in the United States**

| Code | Breed | Code | Breed |
|---|---|---|---|
| BH | Berkshire | LB | Large Black |
| XX | Crossbred | LW | Large White (British) |
| SB | British Saddleback | XY | Other |
| CW | Chester White | PE | Pietrain |
| DU | Duroc–Jersey | PC | Poland China |
| FE | Feral Swine | SO | Spotted |
| HA | Hampshire | TM | Tamworth |
| HE | Hereford | WS | Wessex Saddleback |
| LC | Lacombe | YO | Yorkshire |
| LA | Landrace | | |

**Equine Identification**

Each animal must be accurately identified by breed, age, sex, color, and markings.

***Colors and Natural Markings***

Color patterns are listed here and shown in figures 3 and 4. Markings comprise all scars, blemishes, whorls, brands, and color patterns. Head and leg markings are shown in figures 3 and 4. Equine dentition is depicted in figure 5.

**Appaloosa**—Body color is gray, covered with a mosaic of black or brown spots.

**Black**—The entire coat, including the muzzle, flanks, and legs, must be black, with the exception of white markings. The mane and tail are also black.

**Brown**—The entire coat is brown, with tan hair on the muzzle and/or flanks. The mane, tail, and legs are always black unless there are white markings present.

**Bay**—The entire coat varies from a yellow-tan to a bright auburn. The mane, tail, and the lower portion of the legs are always black unless white markings are present.

**Dark Bay**—The entire coat is brown with large areas of tan on the head, shoulders, flanks, inside of the thighs, and on the upper portions of the legs. The mane, tail, and the lower portions of the legs are always black unless white markings are present.

**Chestnut**—The entire coat varies from a yellowish red to a reddish yellow to a golden yellow. The mane, tail, and legs are also red (the same color as the coat of the horse). Rarely, a chestnut horse is found to be so light in color as to give the appearance of a palomino or so dark in color that it shows numerous black hairs throughout its coat.

**Gray**—Most of the coat is a mixture of black and white hair. In the young horse, the black hair predominates, but as the horse ages, the white hair increases and the markings tend to fade. A gray horse may have distinct white markings or faded markings and always a gray or black mane, tail, and legs. The skin pigment is black.

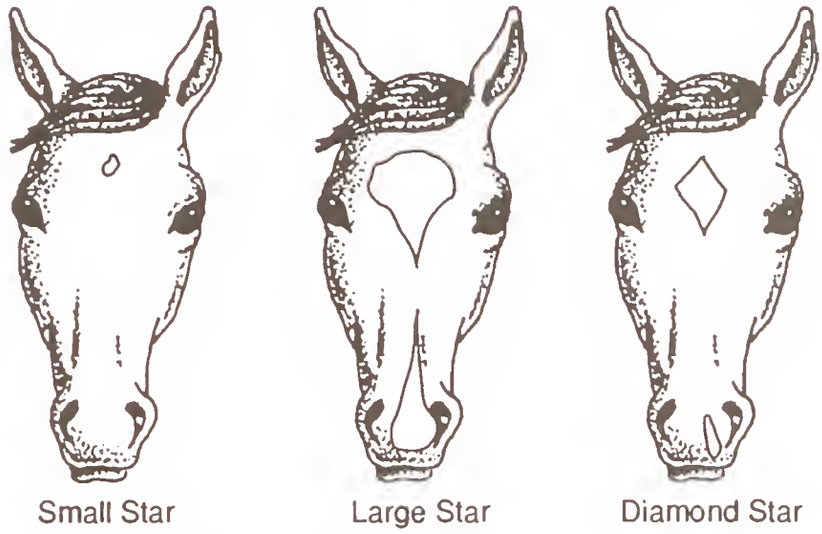
**Roan**—Most of the coat is a mixture of red and white hair. In the young horse, the red hair predominates, but as the horse ages, the white hair increases. If the red hair comes from the chestnut pattern, the mane, tail, and legs will be red. If the red hair comes from the bay pattern, the mane, tail, and legs will be black. Roan horses may have distinct or indistinct white markings.

**Blue Roan**—Similar to red roan except there is a mixture of black and white hairs.

**Sorrel**—Body color is reddish or copper-red; mane and tail are usually the same color as body but may be flaxen.

**Palomino**—Body color is a golden yellow; mane and tail are white. Palominos do not have dorsal stripes.

Figure 3. **Head Markings of Horses.** (Adapted from "Method of Identifying the Thoroughbred," published by The Jockey Club (New York) in 1978.)



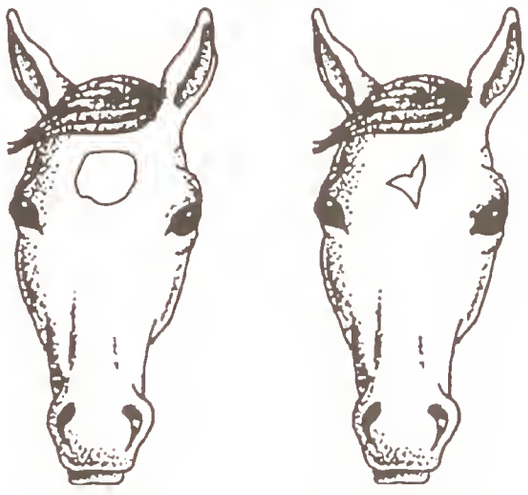
Small Star



Large Star



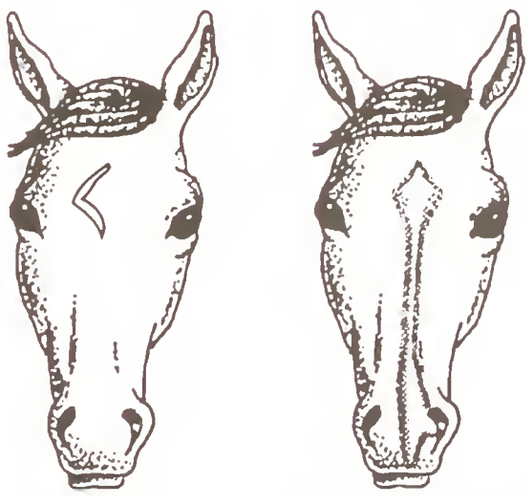
Diamond Star



Oval Star



Pointed Star



Narrow Diagonal Star



Bordered Star and Connected Bordered Stripe

Figure 3. **Head Markings of Horses** (continued)

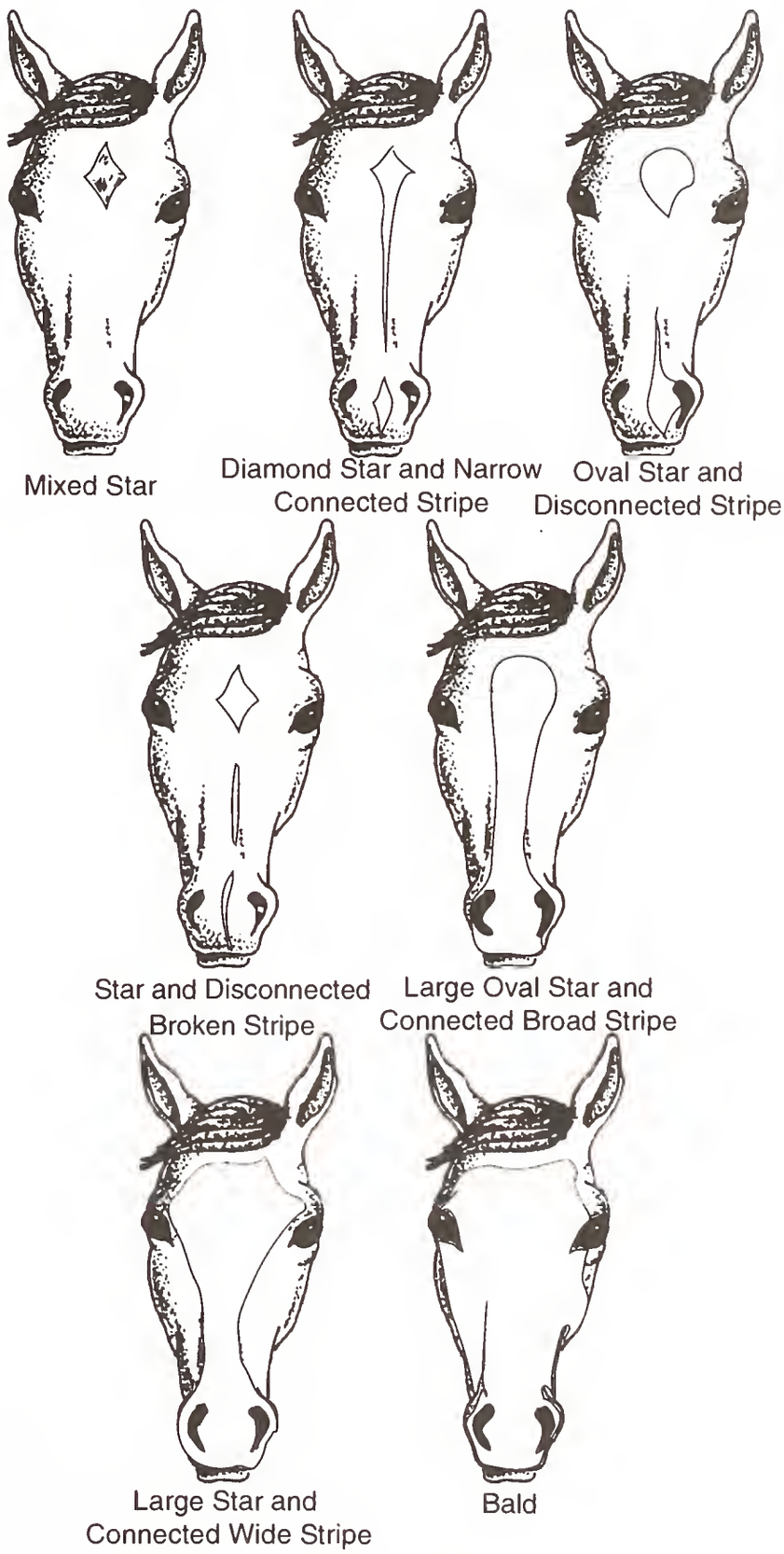


Figure 4. **Leg Markings of Horses**. (Adapted from "Method of Identifying the Thoroughbred," published by The Jockey Club (New York) in 1978.)

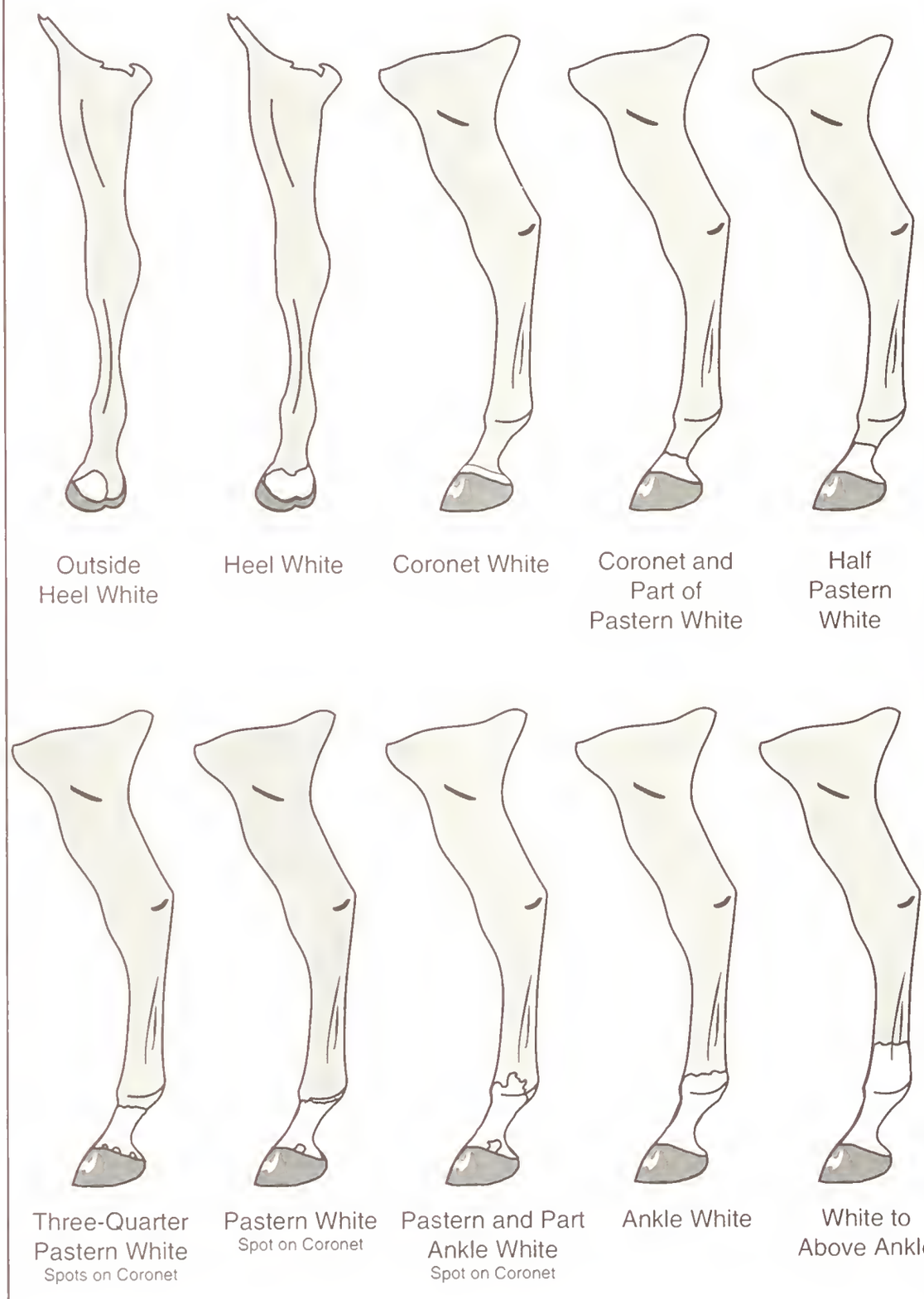
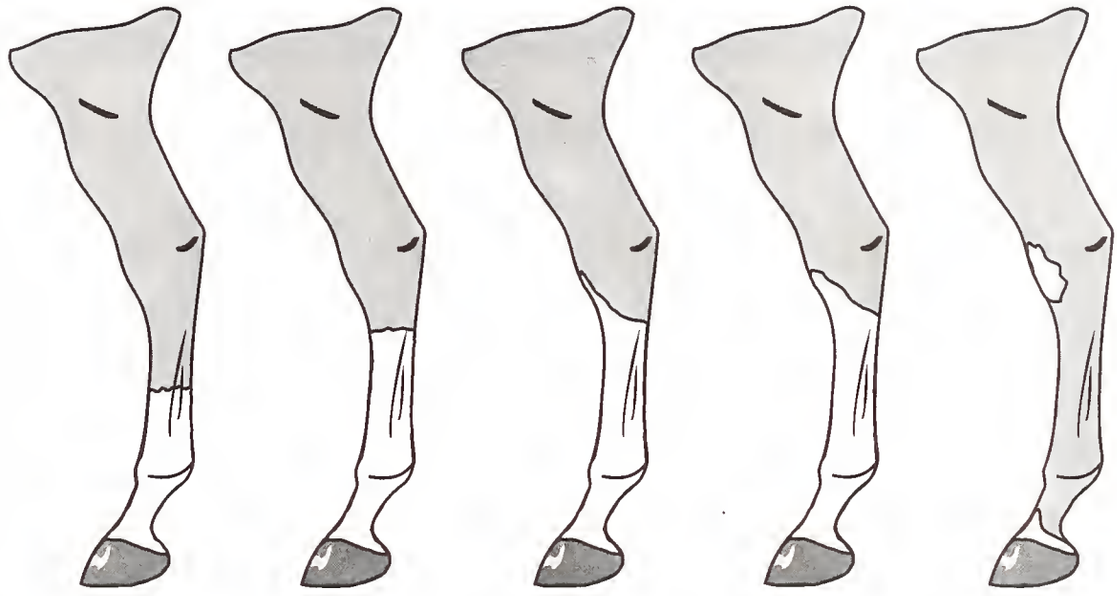
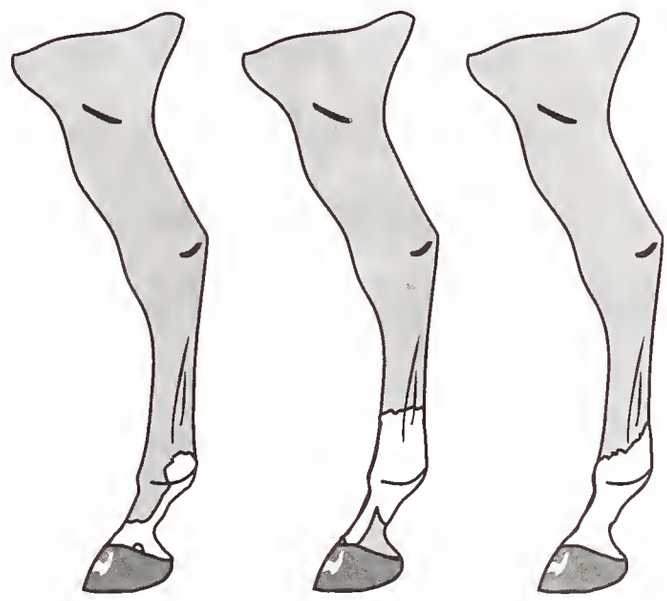


Figure 4. **Leg Markings of Horses** (continued)



Half Stocking | Three-Quarter Stocking | Full Stocking extending on hock in front | Full Stocking Plus white on hock | White Patch on Hock

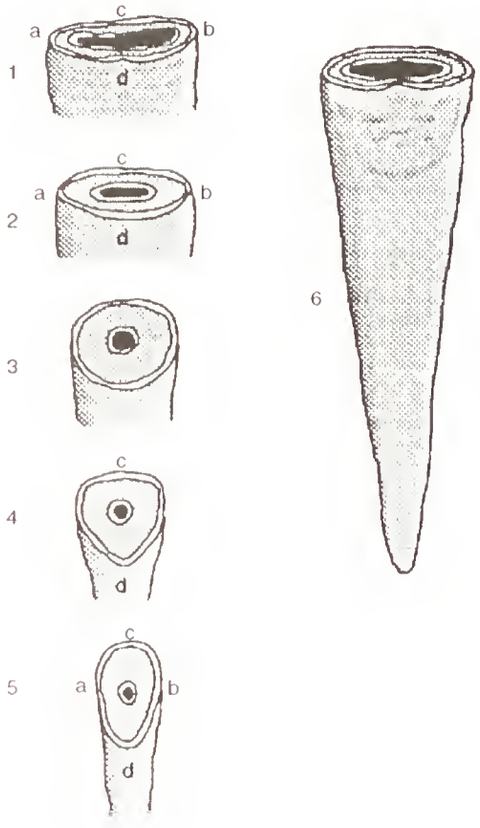


Irregular White Markings

Figure 5. **Equine Incisors at Various Ages.** (Adapted from "Official Guide for Determining the Age of the Horse," published by the American Association of Equine Practitioners.)

**Schematic Drawing of Central Incisor**

Appearance of the **table** (occlusal) **surfaces** at different stages of wear. 1–shortly after eruption its breadth (transverse, long diameter) marked by a-b, its thickness (short diameter) c-d. 2–shows the table surface as it appears at the age of six years, the breadth, a-b, begins to decrease, and the thickness, c-d, increases slightly; the tooth appears oval. 3–shows a round surface of nine to twelve years. The two diameters become equal. 4–shows a triangular surface of fourteen to seventeen years. The long diameter, c-d, in the labiolingual direction. 5–shows surface of animal over twenty in which breadth, a-b, measures only half as much as thickness, c-d. 6–depicts exposed incisor.




**Two and One-Half Years**

Figure 5. **Equine Incisors at Various Ages** (continued)

**Three and One-Half Years**

**Four and One-Half Years**

Figure 5. **Equine Incisors at Various Ages** (continued)

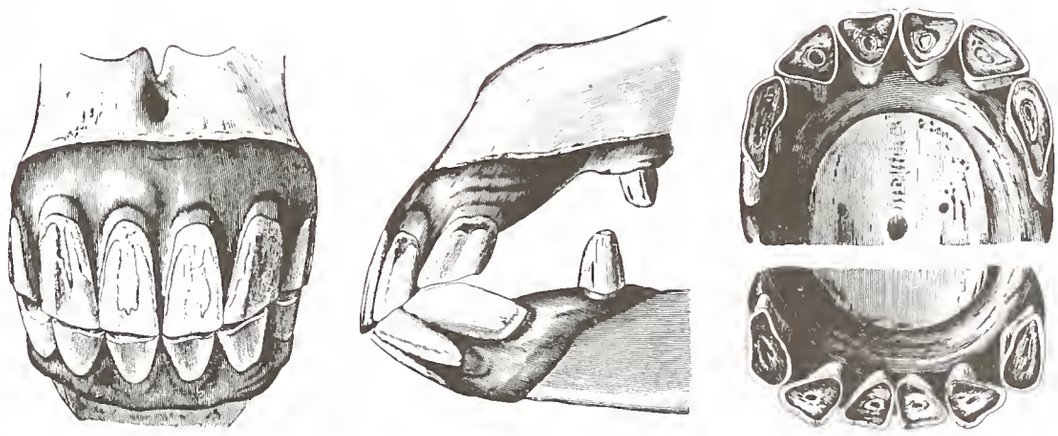
Seven Years

Ten Years

Figure 5. **Equine Incisors at Various Ages** (continued)

**Fifteen Years**

**Twenty Years**



**Dun**—Body color is yellowish or gold; mane and tail may be black, brown, red, yellow, white, or mixed. Duns often have a dorsal stripe, zebra stripes on their legs, and a transverse stripe.

**Red Dun**—A form of dun with the body color yellowish or flesh colored; mane, tail, and dorsal stripe are red.

**Buckskin**—A form of dun, with gold or yellowish body color and a black mane and tail. Buckskins are usually black on their lower legs, and they often have a dorsal stripe.

**Grullo**—Body color smoky or mouse colored (not a mixture of black and white hairs, but each hair is mouse colored); mane and tail are black. Grullos are usually black on their lower legs.

**Cowlicks.**—The center of a hair whorl. Cowlicks are permanent and cannot be brushed away or clipped out. They may be classified as simple, tufted, feathered, or sinuous. On certain horses, they are very useful as an aid in identification. There is usually one cowlick on the forehead. The distance of this cowlick above the eye level should be noted. Less frequently, two cowlicks are found on the forehead. When present, they should be described as being a double horizontal cowlick, a double diagonal cowlick, or a double vertical cowlick. The presence or absence of a cowlick on the side of the neck near the mane is also a useful aid in identification.

**Dimples.**—Permanent, easily seen indentations in muscles just under the skin. Dimples are usually found at the point of one or both shoulders and in the neck muscles.

**White Markings.**—The characteristics of all white marks must be described (figs. 3 and 4). A white mark can be regular or irregular. It can be mixed with the hair of the coat or can be bordered; that is, a band of black skin shows under the white hair at the edge of the mark. (The area appears bluish.)

**Head Markings.**—Head markings consist of a star, a stripe, a snip, a patch, or any combination of these markings.

*Star.*—A star is a solid collection of white hair found on the forehead. Its size and shape should always be described.

1. Small star—A solid patch of white hair about the size of a nickel found on the forehead. If only a group of scattered white hairs is found, it should not be called a star but should be described as a patch of scattered white hairs on the forehead or a few white hairs on the forehead.

2. Star toward right or left of forehead.

3. Large star—Solid white area found on the forehead 3 or more inches in diameter.

4. Diamond star.

5. Oval star.

6. Pointed star.

7. Narrow diagonal, vertical, or horizontal star

8. Bordered star—Having the coat color mixed with the white hair along the outer edge.

*Stripe.*—A white marking starting at the eye level or below and ending on or above the upper lip. Stripes vary greatly and therefore must be described as to width, length, type, and whether they are connected to or disconnected from a star.

9. Bordered stripe—The coat color is mixed with the white hair along the outer edge.

10. Mixed stripe—The coat color is mixed with the white hair throughout.

11. Narrow stripe—About a half inch in width. If the stripe is very narrow, it should be described as a faint stripe.

12. Connected stripe—The star and stripe are connected.

13. Disconnected stripe.

14. Broken stripe—The stripe is disconnected from itself at one or more points.

15. Broad stripe—About 2 or 3 inches in width.

16. End of the stripe—The area on the head where the stripe ends should always be noted. A stripe can end on the face, on the bridge of the nose, between the nostrils, into both nostrils, etc.

17. Large star and connected wide stripe—A star that covers a large part of the forehead and leads directly to a stripe of approximately the same width as the star.

18. Bald—The star and stripe include both eyes and both nostrils.

19. Snip—A separate white or flesh-colored marking found between the nostrils. Illustrated are a faint snip (fig. 3) and a diamond-shaped snip.

20. Patch—A separate white or flesh-colored marking found on the upper or lower lip.

**Leg Markings.**—Leg markings found on the horse will fall into one or more of the following classifications:

1. Inside or outside heel white—Only one of the quarters on a leg is white. If there are scattered white hairs on the quarter, it should be so described.

2. Heel white—Both quarters on a leg are white.

3. Coronet white—The circular area immediately above the hoof (1 inch or less in width) is white.

4. Coronet and part of pastern white—The white includes the lower one-quarter of the pastern.

5. Half pastern white—The white covers the lower one-half of the pastern.

6. Three-quarter pastern white—The white covers the lower three-quarters of the pastern.

7. Pastern white—The white covers the entire pastern.

8. Pastern and part of ankle white—The white extends up to and includes part of the ankle.

9. Spots on coronet—One or more spots are found on a white coronet. These are sometimes referred to as ermine markings. If only one spot is present, its location should be noted. Describe color of spot or spots.

10. Ankle white—The white extends up to and includes the entire ankle.

11. White to above ankle—The white extends up to and includes the lower one-quarter of the cannon bone (shin).

12. Half stocking—The white extends up to and includes the lower one-half of the cannon bone (shin).

13. Three-quarter stocking—The white extends up to and includes the lower three-quarters of the cannon bone (shin).

14. Full stocking—The white extends up to and includes the entire cannon bone (shin). It extends to the bottom of the knee on the front leg and to the bottom of the hock on the hind leg.

15. Full stocking plus—Similar to the full white stocking but extends onto the knee on the front leg and onto the hock on the hind leg.

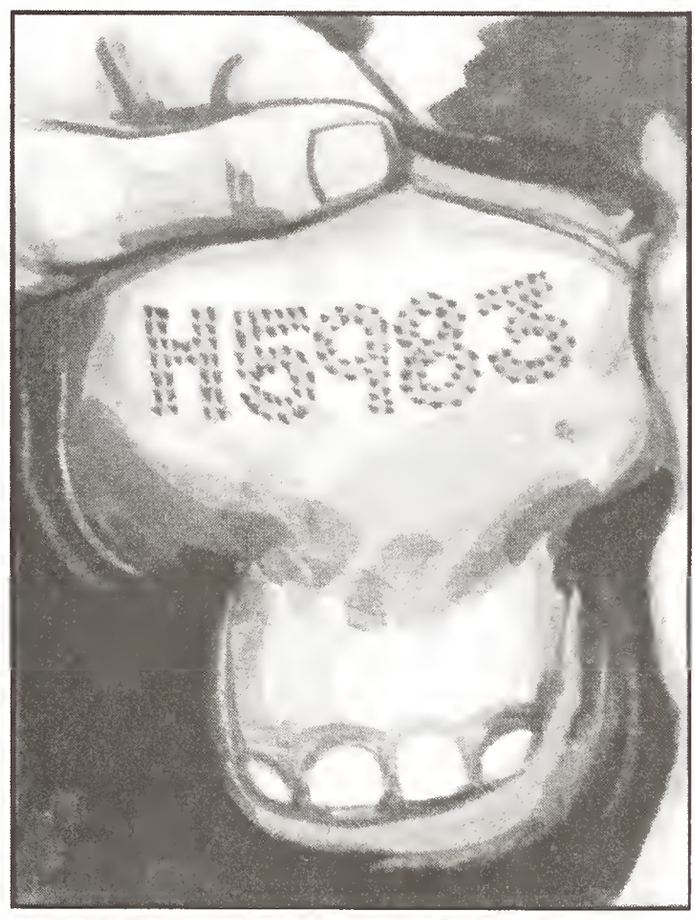
16. White on knee (or hock)—A separate white marking is found on the knee (or on the hock).

### *Acquired Markings*

Markings that have been produced after birth are considered acquired markings. Tattoos, scars, and firing marks are the most common examples.

**Tattoos.**—A tattoo is a letter and a group of numbers applied to the underside of the upper lip (fig. 6). The letter indicates the birth year of the horse, and the numbers correspond to the numbers found on the registration certificate. Imported horses have an asterisk rather than a letter in their tattoo. Some horses also have tattoos on other areas.

Figure 6. **Lip Tattoo.** (Adapted from "Method of Identifying the Thoroughbred," published by The Jockey Club (New York) in 1978.)



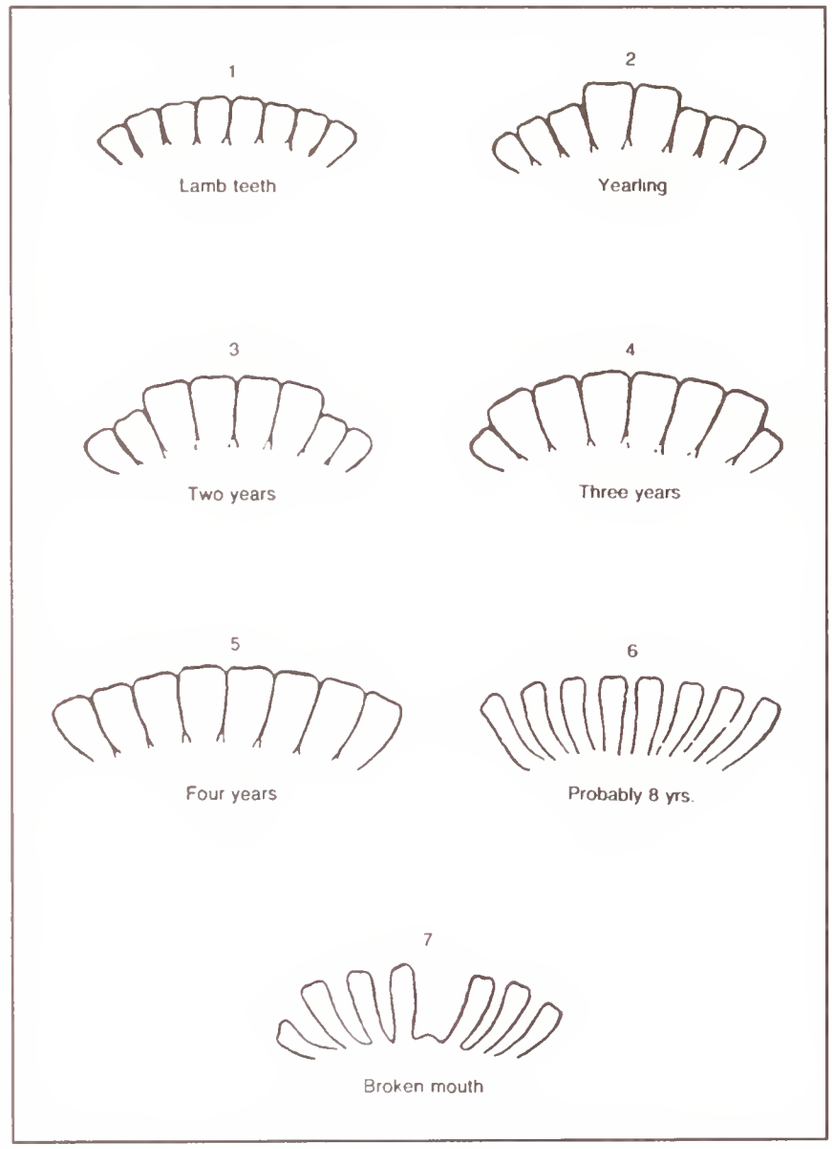

**Scars.**—Many scars produced by accident are permanent and can be seen throughout the life of the horse; they should therefore be noted.

**Firing Marks.**—The operation of firing the legs of a horse leaves permanent scars. This information is also very useful for identification.

**Brands.**—A cold or hot brand may be found on various areas but is most commonly found on the hip or neck.

**Chestnuts.**—Chestnuts or "night-eyes" are horny, irregular protuberances found on the inside of the legs. On the fore legs, they are just above the knees and on the hind legs, near the rear of the hock. No two horses have been found to have the same set of chestnuts, and because they do not change in size or shape throughout the adult life of the horse, they are extremely useful in identification. Occasionally a horse is found to have one or both hind chestnuts missing. When this condition exists, it should be noted.

Figure 7. **Sheep Dental Formula.** (Adapted from "Accredited Veterinarians and Animal Health.")



**Sheep and Goat Identification**

In addition to listing the age, sex, and breed, use one of the following identification methods. (See fig. 7 for a depiction of sheep dentition and table 5 for a list of sheep breeds.)

- Official eartag.
- Individual animal official registration tattoo.

**Table 5—Abbreviation codes for sheep common in the United States**

| | | | |
|---|---|---|---|
| BB | Barbados Blackbelly | MT | Montadale |
| BM | Booroola Merino | NV | Navajo |
| BC | Border Cheviot | NC | North Country Cheviot |
| LE | Border Leicester | OX | Oxford |
| CF | Clun Forest | PA | Panama |
| CO | Columbia | PR | Perendale |
| CP | Coopworth | PY | Polypay |
| CR | Corriedale | RA | Rambouillet |
| CT | Cotswold | RV | Romanov |
| DB | Debouillet | RM | Romnelet |
| DM | Delaine–Merino | RY | Romney |
| DO | Dorset | SC | St. Croix |
| FN | Finnish Landrace | SB | Scottish Blackface |
| HA | Hampshire | SR | Shropshire |
| KA | Karakul | ST | Southdown |
| KT | Katahdin | SU | Suffolk |
| LE | Leicester | TG | Targhee |
| LI | Lincoln | TX | Texel |

**Fowl Identification**

List the correct species along with either a leg band (available from Veterinary Services area offices) or a wing tattoo.

**Dog and Cat Identification**

List the age, sex, breed, and name, along with a collar number or tattoo, if available.

## Reportable Diseases and Conditions

**Overview**

As an accredited veterinarian, you are responsible for notifying the State or Federal veterinarian of any undiagnosed or unusual disease conditions that are reportable and/or foreign. The State or Federal veterinarian will determine how the case is to be handled and give you specific instructions at that time. If the Area Veterinarian-in-Charge of your State determines that an investigation is warranted, a Federal Foreign Animal Disease Diagnostician will be assigned to the case. Most States provide a list of reportable diseases that should be used to supplement the list of diseases in table 6. Call your State or Federal veterinarian for such a list.

### Table 6—Reportable diseases and conditions[1]

**Avian**
Avian influenza
Ornithosis
Psittacosis (chlamydiosis and ornithosis)
Salmonellosis caused by *Salmonella enteritidis* (SE)
Velogenic viscerotropic Newcastle disease

**Bovine**
Akabane
Anthrax
Bluetongue
Bovine babesiosis (Texas fever, piroplasmosis)
Bovine spongiform encephalopathy (BSE)
Brucellosis
Contagious bovine pleuropneumonia
East coast fever (coastal fever, theileriosis)
Ephemeral fever (3-day sickness)
Foot-and-mouth disease
Gonderiosis (theileriosis)
Heartwater
Hemorrhagic septicemia (Asiatic type 1 "shipping fever")
Ibaraki
Infectious petechial fever
Louping Ill
Lumpy skin disease (pseudourticaria)
Malignant catarrhal fever
Paratuberculosis
Pseudorabies
Rift valley fever
Rinderpest (cattle plague)
Scabies
Screwworm
Sweating sickness (tick-borne toxicosis)
Tuberculosis
Trypanosomiasis (nagana)
Vesicular stomatitis
Wesselborne disease

## Table 6—Reportable diseases and conditions[1]

**Caprine–Ovine**
Bluetongue
Borna disease
Brucellosis caused by *Brucella meletensis* and *B. ovis*
Caseous lymphadenitis
Contagious agalactia of sheep and goats
Contagious caprine pleuropneumonia
Foot-and-mouth disease
Goat and sheep pox
Gonderiosis (theileriosis)
Heartwater
Nairobi sheep disease
Peste des petits ruminants (kata)
Screwworm
Tuberculosis
Rift valley fever
Scabies
Scrapie
Vesicular stomatitis
Visna–Maedi (chronic progressive pneumonia)

**Equine**
African horse sickness
Babesiosis (piroplasmosis)
Contagious equine metritis
Dourine (equine trypanosomiasis)
Eastern equine encephalomyelitis
Epizootic lymphangitis
Equine infectious anemia
Equine rhinopneumonitis
Equine viral arteritis
Glanders
Rift valley fever
Ulcerative lymphangitis
Venezuelan equine encephalomyelitis
Vesicular stomatitis
Western equine encephalomyelitis

**Porcine**
African swine fever
Brucellosis
Foot-and-mouth disease
Hog cholera
Porcine babesiosis
Pseudorabies
Swine vesicular disease
Teschen disease (porcine encephalomyelitis)
Vesicular exanthema
Vesicular stomatitis

**All species**
Rabies
Exotic myiasis

[1] This list will vary from State to State.

**Guidelines**

If you suspect a foreign or reportable disease of a highly contagious nature, phone the State or Federal veterinarian directly from the farm or premises. Provide—

Your name, address, and phone number;

The owner's name, address, county, and phone number;

Clinical symptoms observed in all affected species;

The number of animals, poultry, or pet birds affected; and

The number of susceptible species on the premises and their disease status.

Foreign or exotic animal diseases are often presented as clinical disease conditions that do not respond to therapy. Report to your State or Federal veterinarian any suspicious clinical or necropsy findings, with a history of the diseased animals' recent contact with either people or animals recently returned from a foreign country, or any disease of unknown etiology causing high mortality and/or morbidity.

Suspicious disease conditions that should be reported to your State or Federal veterinarian are vesicular diseases, mucosal diseases, hemorrhagic septicemia, "abortion storms" of unknown etiology, central nervous system or undiagnosed encephalitic conditions, unusual numbers of acute deaths, avian disease with acute deaths and/or central nervous system conditions, severe respiratory conditions, pox or lumpy skin conditions, and unusual myiasis or acariasis (exotic flies, mites, ticks, etc.).

## Brucellosis

**Overview**

The regulations of the Brucellosis Eradication Program vary depending on the status of the program in each State. Minimum standards are set forth in Brucellosis Eradication: Uniform Methods and Rules. Some States have more restrictive requirements. Check with the area office of APHIS' Veterinary Services nearest you for testing and vaccination policies. A list of these offices is in appendix B. The State or Federal veterinarian's office will provide all necessary forms, mailers, identification tags, and other items required for both testing and vaccinating eligible animals.

**Interstate Shipment**

Before testing for interstate shipment, obtain specific State regulations by contacting the State Veterinary Office in the importing State. (See appendix C for a list of addresses and telephone numbers of State Veterinarians.)

**International Export**

When testing for international export, contact the Veterinary Services area office for assistance.

**VS Form 4-33**

VS Form 4-33, Brucellosis Test Record, must be completed for each animal or each herd tested. (See appendix A for an example of this form and instructions for completing it.) VS Form 4-33 requires that you list the reason for the test. Reasons may include export (specify test required by importing country), interstate movement (depends on State of destination), sale (even local change of ownership in many States), show or fair, diagnostic (e.g., abortion), and owner request. If infection is suspected or confirmed, regulatory officials will contact you and/or the owner to develop a herd plan.

**VS Form 4-54**

VS Form 4-54, Brucellosis Test Record, Market Cattle Testing Program, is used for brucellosis tests done as part of the market cattle testing program. (See appendix A for an example of this form and instructions for completing it.)

**Testing**

***Bovine***

A complete herd test must include all animals over age 6 months, except steers, spayed heifers, officially vaccinated dairy heifers under age 20 months, and officially vaccinated beef heifers under age 18 to 24 months (depending on State of residence). If a heifer is parturient or postparturient (within 2 weeks of calving), it must be tested regardless of age or vaccination status.

***Swine***

A complete herd test must include all breeding swine over age 6 months unless they are destined as feeders and are confined separately from breeding animals. Vietnamese pot-bellied pigs are to be considered as domestic swine for the purposes of disease control and eradication procedures, and as such fall under the same regulations in Title 9 of the Code of Federal Regulations (CFR). All tested swine must be identified with an eartag, tattoo, or other permanent identification. (Also see the section on "Identifying Animals.")

### *Exotic Species*

When dealing with exotic or nondomestic species, contact your State or Federal veterinarian.

## Blood Collection and Submission

Identify each animal with either an official USDA metal eartag placed in the upper middle portion of the right ear, an individual animal's registration tattoo, an official registration brand, or an individual registration number issued by a breed association recognized by Veterinary Services. (Also see the section on "Identifying Animals.") Record the eartag (identification or vaccination), registration tattoo, age (months or years), sex, and breed on VS Form 4-33. If you are working with a herd known to be, or suspected of being, infected, take proper precautions by wearing protective gloves and eyewear. Avoid direct contact with retained placenta, vaginal discharges, aborted fetuses, and other tissues because these materials are potential sources of human brucellosis.

Collect 3 to 5 mL of blood. Take appropriate precautions to prevent hemolysis by sending the samples with ice packs and/or centrifuging, pouring the serum off, and sending the serum only. (See the section "Laboratory Submissions.") Swine blood is particularly susceptible to hemolysis, so take extra precautions to prevent it. If you are bleeding the animal with a needle and syringe, after taking a blood sample, do not extrude the blood from the syringe through the needle. This practice can cause hemolysis.

Follow your State instructions for delivering samples to the cooperative State–Federal laboratory for testing.

Test results will be interpreted by State or Federal regulatory officials. You may be contacted for individual or herd history to assist in determining certain cases.

## Vaccination

### *VS Form 4-24 and VS Form 4-26*

Complete VS Form 4-24, Brucellosis Calfhood Vaccination Record, or VS Form 4-26, Brucellosis Vaccination Record. (See appendix A for examples and instructions for completing these forms.)

### *Eligible Animals*

Vaccinate only heifer calves between the ages of 4 and 12 months. Many States have even more restrictive age requirements for vaccination. Before vaccinating any animals for brucellosis, be certain that you understand and follow your State's requirements. The ideal age ranges from 4 to 6 months or before sexual maturity to reduce the chance of persistent "suspect" (vaccine-induced) titers and/or Strain 19 infection. The risk is even higher for titer and/or Strain 19 infection problems if the heifer is pregnant. If you do not know whether a calf is over the 12-month age limit, check her teeth to determine her age. Because differential aging of 10- to 13-month-old animals is difficult by evaluating the eruption and wear of the teeth, try to determine the age using other methods, such as owner records. Most persistent titer problems can be traced to administration of vaccine at an age beyond that recommended. Adult vaccination for brucellosis is conducted by State and/or Federal officials only. If you have questions

concerning this program, contact the office of the Veterinary Services' Area Veterinarian-in-Charge nearest you.

***Instructions***

**Step 1.**—Handling and preparation
— Keep the vaccine stored properly according to label instructions.
— Check the expiration date before using.
— Reconstitute the vaccine, following the label instructions.
— Mix the Strain 19 vaccine just before using; keep it cool and out of direct sunlight.
— Use caution. Strain 19 can cause clinical brucellosis in humans if accidentally injected, sprayed in the eye, or allowed prolonged contact with the skin. (If you are exposed, contact a physician as soon as possible.)
— After reconstitution, the vaccine loses potency rapidly; do not reconstitute more vaccine than will be used in 1 hour, and if working in warm weather, keep the vial on an ice pack to maintain viability.
— To avoid contamination and accidental vaccine exposure to other than vaccination-eligible animals, you should maintain seperate syringes and needles for brucellosis.

**Step 2.**—Administer 2 mL of the vaccine subcutaneously.

**Step 3.**—Tattooing
— Clean the inside of the right ear to enhance ink penetration. (Green ink works best for legibility, especially in black-pigmented ears.)
— Tattoo the ear with the appropriate coding between cartilage ribs in the middle of the ear. Allow for normal growth of the ear. If ear marks or notches don't permit this location, try to place the tatoo as near as possible to the recommended position.
— Apply the ink with a dauber and rub the ink into the holes well with your thumb or an old toothbrush.
— The tattoo must reflect the quarter of the year, Government shield, and the last digit of the year; for example, 4 Shield 1 indicates that the animal was vaccinated in the fourth quarter of 1991.

**Step 4.**—Records
— Record the information (eartag, age in months, breed, sex, and whether purebred or grade) on VS Form 4-24 or VS Form 4-26.
— Use only official USDA orange metal vaccination tags and official USDA tattoos placed in the right ear.
— Promptly submit the vaccination records to your State program records office as instructed by your State. (Many States require records be submitted within 7 days; check with your State for specific guidelines.)
— On rare occasions, it may be necessary to recertify a vaccinated animal that has no tag or an illegible tattoo. Phone your State or Federal area veterinarians for permission and specific instructions.

## Working With Infected Herds

The details of eradicating brucellosis from herds known to be infected are beyond the scope of this manual. Your State animal health official, the Area Veterinarian-in-Charge for your State, and your local regulatory veterinarian will work with both you and your client to develop a herd plan.

# Tuberculosis

## Overview

Bovine tuberculosis is a contagious, infectious, communicable disease of animals and humans caused by *Mycobaterium bovis*. All accredited veterinarians must report suspected or diagnosed bovine tuberculosis promptly to State and Federal animal health authorities. Accredited veterinarians are required to have supplemental training in the application of the single cervical tuberculin test before they can test any *cervids* for tuberculosis. This training is conducted by local State or Federal officials. After completing this training, accredited veterinarians are certified by these same officials to perform tuberculosis testing in Cervidae.

## Testing

Diagnosing tuberculosis in live animals depends on using a good testing technique with an intradermal injection of antigenic tuberculin. Several varieties of tuberculin are produced. However, use only Bovine Purified Protein Derivative tuberculin (PPD bovis) licensed by USDA for official testing. For information on how to obtain this reagent, contact your State Veterinarian or the Area Veterinarian-in-Charge. See table 7 for tuberculin test requirements for different species of animals. Because the tuberculin test is based on an immune response, the animal being tested should not concurrently be receiving other medications, vaccinations, or anthelminthic drugs. These agents might temporarily affect the immune system and influence the result of the tuberculin test. In addition, avoid tail bleeding for other diagnostic procedures at the time of tuberculin-test injection.

### Table 7—Tuberculin test information for various animal species

| Species | Dose and type | Site | Read test visually and by palpation after |
|---|---|---|---|
| Cattle and bison | 0.1 mL PPD bovis | Caudal fold | 72 h ± 6 h |
| Horses | Not reliable | | |
| Sheep and goats | 0.1 mL PPD bovis | Caudal fold | 72 h |
| Swine | 0.1 mL PPD bovis | Base of each ear or vulvar lips | 48 h |
| Poultry | 0.05 mL PPD avian | Wattle | 48 h |
| Exotic Bovidae (antelope) | 0.1 mL PPD bovis | Midcervical | 72 h |
| Deer, elk (and other Cervidae) | 0.1 mL PPD bovis | Midcervical | 72 h |
| Camelidae | 0.1 mL PPD bovis | Postaxillary region | 72 h |

Veterinarians are legally responsible for properly conducting and evaluating the results of tuberculin tests. Therefore, perform the test yourself; do not delegate the responsibility to a technician.

*Instructions*

**Step 1.—** Restrain the animal sufficiently to ensure an accurate intradermal tuberculin injection.

**Step 2.—**Forms

— Complete VS Form 6-22, Tuberculosis Test Record. (See appendix A for an example of this form and instructions for completing it.)

— Identify the animal on the form by its official identification as outlined in the section "Identifying Animals."

**Step 3.—**Supplies

— Tuberculin. Use USDA-contract PPD bovis. (See table 7.) Check the expiration date to be certain that the tuberculin is still valid.

— Syringe. Use a disposable 1 or 0.5 cc tuberculin syringe.

— Needle. Use a 26-gauge, 3/8-inch long needle; a larger gauge and longer or shorter needle might allow the tuberculin to leak from the injection site. Use a new needle for each injection.

**Step 4.—**Injection of Tuberculin

— In cattle and bison, injections should be made approximately 2 to 3 inches distal to the base of the tail just inside the hairline of the caudal fold.

— Note scars, defects, and anomalies of the skin in this area on VS Form 6-22 so that they will not be confused with possible test reactions at the time of reading.

— Use either side of the fold; however, note which side you injected.

— For tuberculosis testing procedures in other species, contact your State or Area office for guidance.

— Clean the area to be injected. Grasp the caudal fold between the thumb and index and middle fingers to stabilize it.

— Carefully insert the needle to its full length between the superficial layers of the skin; withdraw it slightly and deposit 0.1 mL tuberculin.

— A small bleb should appear in the skin at the end of the needle.

**Step 5.—**Reading the Test

— Between 66 and 78 hours after injection (72 hours is optimum), the same person must determine the results of the test by both observation and palpation of the injection site.

— Verify the identification of the restrained animal, and raise the tail to exert slight tension on the caudal fold.

— Visually inspect the injection site closely and palpate it carefully to detect changes from the normal. Any swelling or increase in thickness of the skin is considered to be a response to the tuberculin.

— Test observation without palpation is unacceptable.

**Step 6.**—Recording the results of the test.
—Use VS Form 6-22.
—Enter N (negative) when you observe no change in the tissue at the site of injection.
—Enter S (suspect) when you observe visual swelling or any palpable increase in the thickness of the area surrounding the injection site.

**Reactions**

If an animal is infected with the disease, a tuberculin injection results in a delayed hypersensitivity reaction manifested by swelling and induration at the injection site. A positive response usually begins within 8 to 12 hours and peaks approximately 72 hours after injection.

**Test Results**

If the test result is suspect, immediately notify your State and Federal animal health authorities. The caudal-fold test is used as a presumptive diagnostic procedure, and animals classified as suspect must be evaluated further by the comparative cervical (CC) test or sent directly to slaughter under permit. Only Federal or State veterinarians who have had specialized training may conduct the CC test. The CC test must be performed within 10 days of the initial caudal-fold injection, or the herd owner must wait 60 days before the CC test can be administered. (See Bovine Tuberculosis Eradication: Uniform Methods and Rules for more information.) If results of the CC test indicate that the animal is infected, all further herd testing is conducted by full-time regulatory veterinarians.

## *Pseudorabies*

**Overview**

Currently, all States are enrolled in one of five stages of the Cooperative State–Federal–Industry Pseudorabies Eradication Program. Since testing requirements for the Pseudorabies Eradication Program vary depending on the stage, contact your State or Federal veterinarian for specific instructions.

**Interstate Shipment**

If you are testing for interstate shipment, contact the State Veterinarian in the State of destination for specific requirements. All swine must be identified for movement in interstate commerce.

**International Export**

If you are testing for international export, either contact your nearest Veterinary Services area office or have the exporter or broker contact the ministry of agriculture of the importing country for specific regulations and the need for any permits.

**Vaccinating**

Some States prohibit vaccination and consider vaccinated herds infected, placing them under quarantine. Check with your State or Federal veterinarian before initiating any vaccination program.

**Testing**

Because pseudorabies can be spread oropharyngeally, it is important to (1) disinfect the snare between hogs, (2) leave the snare and other equipment on the farm, and (3) disinfect your own equipment carefully. (See the section "Selecting and Using Disinfectants.")

When a herd is tested for the State–Federal–Industry Cooperative Pseudorabies Eradication Program, the State or Federal veterinarian will provide you with the appropriate sample size and selection needed for each herd. The key to testing is to provide a randomly selected sample.

**Identifying Animals**

All test animals must be individually identified by tattoo, plastic bangle tag, or other traceable identification. Refer to the section "Identifying Animals" at the beginning of this reference guide for further information.

**Collecting Blood Samples**

Collect a minimum of 3 mL of whole blood. Because swine blood hemolyzes easily, separate the serum from the clot before mailing. Most laboratories prefer at least 1 mL of serum for testing. Refrigerate if shipping will be delayed. Avoid shipping over a weekend. The samples must be tested by an approved laboratory. Send completed forms with the samples. If your State has no standard pseudorabies test form, use VS Form 4-33, Brucellosis Test Record. If the herd you are testing is using vaccine, make sure you clearly indicate the vaccine type and manufacturer on the test chart.

**Using VS Form 4-33 To Record Pseudorabies**

At the top of VS Form 4-33, delete brucellosis and print PSEUDORABIES; also print PSEUDORABIES in the Remarks block. Any questions should be directed to your State or Federal veterinarian's office. Complete the blocks of VS Form 4-33 as shown in appendix A.

Currently, formal State–Federal cooperative agreements do not exist for the eradication and control of the diseases listed in this section. However, it is important that all accredited veterinarians be familiar with some general aspects of the diseases or programs as there may be export or interstate requirements concerning these diseases. More specific information on these diseases or programs or movement requirements or restrictions can be obtained from your Area Veterinarian-in-Charge.

**Scrapie**

Scrapie is a chronic degenerative disease of the central nervous system of sheep and goats. Clinical signs include incoordination, tremor, nervousness, visible loss of coordination, pruritus causing rubbing (thus, "scrapie"), and sometimes patchy wool loss. Appetite is often normal. Scrapie is also included in the group of transmissible spongiform encephalopathies. Other examples include bovine spongiform encephalopathy (BSE), chronic wasting disease in mule deer and elk, transmissible mink encephalopathy, and three human conditions—kuru, Cruetzfeldt–Jacob disease, and Gerstmann–Straussler syndrome.

The agent that causes scrapie elicits no detectable immune or inflammatory response in the host. The agent is also very resistant to common methods of disinfection. Although sodium hydroxide (2 to 4 percent) or sodium hypochlorite (0.5 percent) is recommended for disinfection, experts are not sure if this is entirely effective in the farm setting. The disease is thought to be most commonly spread from an infected ewe to her offspring and nearby lambs via placenta and placental fluids. The optimum time for the disease to spread appears to be between birth and 9 months of age. The incubation time can range between 18 and 60 months. In the United States, the disease is most commonly seen in Suffolks between 2 and 4 years of age.

Scrapie is fatal; no vaccine or treatment is currently available. There is also no live-animal test or preclinical test. The current methods of diagnosis are histopathology, immunoblotting for the protease-resistant protein, and bioassay. After an animal displays advanced clinical signs of scrapie, it can be euthanized and any of the following tissues can be submitted: 1. Half (cut longitudinally) of the brain in formalin. (The procedure for brain removal is described in Voluntary Scrapie Flock Certification: Uniform Methods and Rules, appendix 1, which is available from the nearest APHIS Area-Veterinarian-in-Charge.) 2. Half of the brain, frozen. 3. Spleen, frozen. 4. Mesenteric lymph nodes, frozen.

As part of a proposed flock-certification program, accredited veterinarians will
— Report suspicious cases in any sheep or goat.
— Assist the flock owner in providing documentation for enrollment or advancement in the flock-certification program.
— Assist designated officials in accountability and application of identification and with submission of tissue samples for diagnosis.

**Bovine Spongiform Encephalopathy of Cattle**

Bovine spongiform encephalopathy (BSE) is a scrapielike disease of cattle. The disease belongs to the group of transmissible spongiform encephalopathies, which cause progressive central nervous system deterioration. BSE is not known to exist in the United States.

Clinical signs include changes in temperament (nervousness or aggression), loss of condition without noticeable loss of appetite, incoordination, difficulty in rising, and eventual death. The incubation period is thought to be 2 to 8 years.

BSE was first diagnosed in England in 1986. Epidemiologic evidence suggests that the source of initial infection was feed that contained rendered sheep offal contaminated with the scrapie organism. No cases of BSE have been diagnosed in the United States. However, because BSE is a major concern to the cattle, sheep, and rendering industries, any suspicious cases should be reported to the Area Veterinarian-in-Charge or the State Veterinarian.

### Bluetongue

Bluetongue (BT) is an insect-transmitted viral disease of domestic and wild ruminants. Of the domestic species involved, sheep are most frequently affected with clinically apparent BT disease. Clinical BT is less common in goats, and in cattle, BT virus usually produces an inapparent infection. However, BT affects the cattle industry as an export issue; most countries refuse to admit U.S. cattle that show serologic evidence of BT exposure, and most countries importing bovine embryos or semen require testing of the dam and/or bull. Wild ruminants, especially white-tailed deer and antelope, can suffer high mortality. Both BT virus and the related epizootic hemorrhagic disease virus cause a hemorrhagic disease syndrome in deer that has been reported to be the second most common cause of deer mortality in the United States.

Clinical BT resembles foot-and-mouth and other vesicular diseases; thus, it must be reported to regulatory officials. There are at least 24 antigenic serotypes of BT virus worldwide, only 5 of which have been identified in the United States. Biting insects of the genus *Culicoides* (gnats or midges) are the principal means of transmission; there is no apparent animal-to-animal spread. BT is nearly nonexistent in the North Central and Northeastern United States, even though the vector is found throughout the country. This indicates that not all populations of *Culicoides* are competent to transmit the virus.

Generally, BT should be suspected when signs such as hyperemia of the muzzle and lips; ulcers, erosions, and necrosis of the mouth and oral mucosa; dyspnea; high fever; and lameness due to coronitis are observed. Less frequently, a swollen and cyanotic tongue may be seen. Mortalities in sheep can reach 30–50 perent. Abortion and abnormalities in newborn calves and lambs have been reported.

Diagnosis is by clinical signs, virus isolation, and serologic testing. The virus is easily destroyed; therefore, specimens collected for virus isolation should be kept cool and away from sunlight.

### National Poultry Improvement Plan

The National Poultry Improvement Plan (NPIP) is a voluntary State–Federal cooperative testing and certification program. Participants are classified as "U.S. Pullorum-Typhoid Clean." "Poultry" is defined as chickens, turkeys, ducks, geese, swans, doves, pheasants, grouse, partridge, quail fowl, and pea fowl. For interstate movement, most States require that hatching eggs and poultry originate from flocks participating in the NPIP or equivalent programs. APHIS publishes directories listing the participants in the NPIP every year. For international movement, most countries require the flock of origin

to be a participant in the NPIP and the submission of a properly completed VS Form 17-6, which requires a flock inspection within 30 days. Additional testing may be required; contact your State officials. Accredited veterinarians may be asked to inspect breeder flocks participating in the NPIP for compliance with the standards. You may obtain more information from the State Veterinarian, NPIP State Contact Representative, or the Veterinary Services area office nearest you.

## *Interstate Movements of Animals*

**Overview**

Interstate regulations provide for quarantine, restriction of movement, maintenance of sanitation, and identification of animals to prevent the spread of animal disease. Accredited veterinarians certify livestock, birds, and poultry for intrastate and interstate transportation according to the regulations in 9 CFR. Individual States have certificates of veterinary inspection that are available from the office of the State animal health official.

Interstate transportation of animals (including poultry) and animal products must conform to the requirements in 9 CFR, chapter I, subchapter C, parts 70 through 89. (The CFR may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.)

Each State may have additional animal-entry requirements. These requirements, as well as intrastate transportation regulations, can be obtained from the appropriate State animal health official. USDA, APHIS, Veterinary Services, provides a 24-hour telephone Voice Response Service to access the State Regulations Retrieval System. This service is available by dialing 1 (800) 545-8732 from a touchtone telephone. The Regulations Retrieval System is also available to transfer State and international import requirements to a personal computer using the telephone.

To facilitate the movement of livestock and poultry and to prevent the spread of disease, you are responsible for becoming familiar with the appropriate State and Federal regulations. You should thoroughly examine animals or poultry according to these regulations or instructions provided by your State or Federal veterinarian and provide a complete and legible certificate of veterinary inspection.

The following sections summarize pertinent areas of 9 CFR and State requirements. Because the regulations are subject to change, this information should be verified. (See appendix B for contacts in State of destination.) An entry permit may also be required from the State of destination.

**General, 9 CFR 71**

### *Diseased Animals and Poultry*

Interstate movement of diseased animals and poultry is generally prohibited. Animals or poultry affected with any of the following diseases endemic to the United States shall not be moved interstate except as provided for in the CFR: equine babesiosis (piroplasmosis), bovine piroplasmosis or splenetic fever, scabies in cattle, acute swine erysipelas, tuberculosis, paratuberculosis, brucellosis, scrapie, bluetongue, anthrax, psittacosis or ornithosis, poultry disease caused by *Samonella enteritidis* serotype *enteritidis*, and Newcastle disease, or any other communicable disease that is endemic to the United States. Also, animals that are infested with the *Boophilus* tick are not allowed to move interstate. Animals or poultry affected with any of the following diseases not known to exist in the United States shall not be moved interstate: foot-and-mouth disease, hog cholera, rinderpest, contagious bovine pleuropneumonia, European fowl pest, dourine, vesicular exanthema, screwworm, glanders, scabies in sheep, or any other communicable disease exotic to the United States.

### *Cattle Identification*

All cattle 2 years of age or over, except steers and spayed heifers, must be individually identified (see the section "Identifying Animals" in the front of this reference guide) and accompanied by a shipper's statement or other document (for example, inspection certificate). Exceptions apply to certain movements, such as when there is no change of ownership or movements to certain stockyards or slaughterhouses. (See 9 CFR 71.8 or contact the nearest APHIS Area-Veterinarian-in-Charge.)

### *Swine Identification*

No swine may be sold, transported, received for transportation, or offered for sale or transportation in interstate commerce unless they are individually identified as required in 9 CFR 71.19. (See the section "Identifying Animals" in the front of this reference guide.) Record the following information on a document:

- All numbers applied to the swine.
- Any other numbers and approved identification marks appearing on the swine that are needed to identify the swine to its previous owner and location.
- The address of the premises where the approved means of identification were applied.
- The telephone number of the person who owns or possesses the swine.

### *Certification of Veterinary Inspection*

When a certificate of veterinary inspection is required, it must accompany each shipment and list the following information:

- Consignor and location from which the animals have been moved.
- Name and address of the owner at the time of movement.
- Consignee and destination of the animals.
- Number of animals covered by the certificate.
- Purpose for which the animals are to be moved.
- Individual official identification of each test-eligible animal. (See the next subsection.)
- Dates and results of the official tests.
- Age.
- Official calfhood vaccination status of each animal (OCV tattoo).

### *Other Documents*

As an alternative to writing individual animal identification on an inspection certificate, you may use another document to provide this information, but only under the provisions specified in 9 CFR 78.1. Test dates and results must be recorded on the inspection certificate. All of the following requirements must be met:

- The document must be a State form or a Veterinary Services form that requires individual identification of animals.
- A legible copy of the document must be stapled to the original and each copy of the inspection certificate.
- Each copy of the document must identify each animal to be moved with the inspection certificate, but any information pertaining to other animals and any unused space on the document for recording animal identification must be crossed out in ink.

The following information must be written in ink in the identification column on the original and each copy of the inspection certificate and must be circled or boxed, also in ink, so that no information can be added: (1) the name of the document and (2) either the serial number on the document or, if the document is not imprinted with a serial number, both the name of the person who prepared the document and the date that the document was signed.

Some States have stricter requirements than those specified in 9 CFR 78.1. Always check with State animal health officials in the destination State to be sure that they will accept documents prepared as indicated above.

**Communicable Diseases in Horses, Asses, Ponies, Mules, and Zebras, 9 CFR 75 and 76**

### *Other Specific Diseases*

**Equine Infectious Anemia (EIA).—** No EIA reactor may be moved interstate unless it is moved to a specifically approved stockyard for handling known EIA reactors, is officially identified as directed by State and/or Federal officials, is accompanied by a certificate, and meets the conditions of 9 CFR 75.4. A negative test for EIA is generally required by the State of destination for all other equidae.

**Contagious Equine Metritis.—**Affected or exposed animals shall not be moved interstate except in accordance with 9 CFR 75.6.

**Hog Cholera and Other Communicable Swine Diseases, 9 CFR 76**

Part 9 of the CFR, section 76, restricts the interstate movement of swine and/or swine products. Movement of swine for feeding or breeding purposes generally requires that the swine be accompanied by a certificate of inspection. All swine in interstate commerce must be identified.

**Tuberculosis, 9 CFR 77**

According to Federal regulations, cattle and bison not known to be affected with or exposed to tuberculosis, originating in an accredited-free State or a modified accredited State, may be moved interstate without a tuberculosis test (all States). (Check with the

Area Veterinarian-in-Charge to determine the status of the State in question.) States may have additional requirements, particularly for dairy animals, and will not approve interstate certificates if these requirements are not met. For more information, contact the State animal health official in the State of destination.

**Brucellosis, 9 CFR 78**

### *Classification*

Interstate movement of cattle, bison, and swine must comply with test, vaccination, identification, and permit requirements, as well as movement restrictions, of 9 CFR 78. That section of 9 CFR also explains Class Free, A, B, or C State or area categories for bovines. This classification of States is based on (1) surveillance conducted through the brucellosis ring test, market cattle identification, and epidemiologic surveillance; (2) herd infection rate and epidemiologic investigation; and (3) market cattle identification reactor prevalence rate. More restrictions on interstate movement apply to animals moving from a State or area of lower classification than to animals moving from a State or area that has attained a higher brucellosis classification. This system is further defined in Brucellosis Eradication: Uniform Methods and Rules.

A similar classification system for the swine brucellosis program is defined in Swine Brucellosis, Control/Eradication, State–Federal–Industry, Uniform Methods and Rules.

### *Testing*

In general, test-eligible cattle and bison must test negative for brucellosis within 30 days before entry when moving from other than a brucellosis Class Free State. A permit for movement will be required in some cases. (This requirement is per Federal regulation; each State may have more restrictions.)

### *Marketing*

Test-eligible cattle and nonvaccinated heifers may move from a farm of origin directly to an approved market without testing or certification. The livestock will be qualified before release from the market.

### *Exceptions*

Many States require that female cattle and bison, except spayed heifers or calves less than 4 months of age, be official calfhood vaccinates and bear a legible official tattoo before entry. Part 9 of the Code of Federal Regulations, Section 78, requires official vaccination of certain cattle moving into and out of Class B and C States or areas.

### *Swine*

Sows and boars may move interstate for slaughter if they are individually identified by an official eartag or a USDA backtag. Sows and boars may be moved interstate for breeding only if they (1) are individually identified by an official eartag, officially registered ear notching, or an ear tattoo that has been recorded in the book of record of a

| | |
|---|---|
| | purebred registry association; (2) are from a validated brucellosis-free herd or State or show negative test results within 30 days before movement; and (3) are accompanied by a certificate. Swine moved for reasons other than slaughter or breeding must be properly identified before moving. |
| **Scrapie in Sheep, 9 CFR 79** | No sheep shall be moved interstate from or through any quarantined area except as provided in 9 CFR 79. |
| **Paratuberculosis in Domestic Animals, 9 CFR 80** | Domestic animals affected with paratuberculosis may not be moved interstate except in compliance with the regulations in 9 CFR 80. |
| **Exotic Newcastle Disease in All Birds and Poultry, Psittacosis and Ornithosis in Poultry, Poultry Disease Caused by *Salmonella enteritidis*, 9 CFR 82** | Birds and poultry affected with psittacosis (or ornithosis) shall not be moved interstate for any purpose. No poultry or birds affected by exotic Newcastle disease shall move interstate except as provided by 9 CFR 82. No poultry or poultry products from flocks infected by *Salmonella enteritidis* serotype *enteritidis* may move interstate except as provided in 9 CFR 82. |
| **Pseudorabies, 9 CFR 85** | Title 9 of the Code of Federal Regulations, section 85, regulates the interstate movement of animals with pseudorabies. States may have additional requirements. |

# *Issuing Export Certificates*

**Overview**

International health certificates for the export of animals from the United States are completed by the accredited veterinarian who certifies herd and animal health status, conducts tests, and records test results for the individual animals being exported. Completed and signed international health certificates for the export of animals from the United States **must be** endorsed by a Veterinary Services area office in order to be valid.

The United States has minimal requirements for animals to be exported to other countries. Your Area Veterinarian-in-Charge can provide you with the current regulations, tests, and inspections required. Approved ports of embarkation and shipping requirements can be found in 9 CFR Part 91. Each country may have other specific health requirements for entry of animals. These requirements are established by the importing country, not the United States. Other countries may also have their own certificate format for export. Since export requirements frequently change, obtain the current export requirements from the Veterinary Services office in your area before each shipment. Do not rely solely on information provided by brokers and exporters. Export certificates are official documents and they should be typewritten, accurate, and complete.

**Export Certificates**

The most commonly used export certificates are listed below. See appendix A for examples of each form and instructions for completing them.

- VS Form 17-140, U.S. Origin Health Certificate. Use VS Form 17-140 for livestock, embryos, and semen.
- VS Form 17-6, Certificate for Poultry or Hatching Eggs for Export.
- APHIS Form 7001, U.S. Interstate and International Certificate of Health Examination for Small Animals.
- U.S. Origin Health Certificate for the Export of Horses From the United States to Canada. Use this certificate for all horses transported to Canada except horses for immediate slaughter.
- APHIS has developed individualized certificates for various species and countries of destination. These are often used in place of VS Form 17-140. Please check with the nearest Veterinary Services area office before every export shipment to confirm that you have the most recent protocol and form for the shipment.

**Laboratory Tests**

All tests for export must be conducted in approved laboratories (State or private diagnostic laboratories). Official retests must be conducted in the same laboratory as the initial test. Contact the Veterinary Services area office nearest you for a list of approved laboratories. The National Veterinary Services Laboratories (NVSL) in Ames, IA, will conduct export-qualifying tests for dourine, glanders, piroplasmosis, and other tests that are not available from other laboratories. All submissions to NVSL must be accompanied by a VS Form 10-4, Laboratory Submission Form. See the section "Laboratory Submissions" later in this text.

## Certification Statements

If more than one veterinarian is involved in the preparation of the animal(s) for export, each accredited veterinarian who provided certification statements and performed tests or vaccinations, as well as the location where such inspections, tests, or vaccinations were performed, must be identified on the health certificate. If test results, vaccinations, or certification statements are provided by a nonaccredited veterinarian, they are not acceptable. If you have any questions about certifying work that was done by another veterinarian, call your nearest Veterinary Services area office for instructions. The following format can be used by the issuing veterinarian:

> I certify that the certification statements, tests, and/or vaccinations included in this health certificate were either performed and issued by me or I have the documents on file from the accredited veterinarians listed below:
>
> Veterinarian's Name and Location (City, State)

When the animals offered for export are assembled from many premises for testing, the herd and premises of origin are often difficult to ascertain. When herd certification statements are required by the importing country for periods greater than the time spent at the assembly points, the exporter and accredited veterinarian will be required to obtain proper certification statements on the herd health status for both the assembly premises and the premises where the animals have been located for at least the 120 days before assembly for export. For example, if the animals were on two premises during the 120 days before assembly, the certification statements would need to be prepared for each premise including the assembly premise. A sample certification format that could be used by the accredited veterinarian and owner is shown in figure 8. All certification statements should be typed exactly as they appear in the requirements received from the Veterinary Services area office. Corrections or additions are not valid unless each change is initialed and dated by either the issuing veterinarian or the Area Veterinarian-in-Charge.

Figure 8. **Sample Certification Format**

DECLARATION BY OWNER/AGENT OF THE ANIMALS
TO BE EXPORTED TO _____[country]_____

I, _____[block letters]_____, the owner/agent of the _[number]_ of animals whose official metal tag identification numbers are listed below, hereby declare:

Eartag _____ Eartag _____
[List the eartags of all animals covered by the certification statements.]

1. The animals have resided at_____, the premise of origin since _____[date]_____, or since birth, and no clinical evidence of contagious or infectious diseases has occurred on the premise during this time.

2. During the 6 months preceding export, the animals to be exported have not been subjected to any official quarantine for infectious or contagious diseases.

**Time Constraints**

Sufficient time must be allowed to obtain the test results required for certification. Be sure that your client knows and understands these time constraints.

**Livestock**

Certification statements, test results, vaccinations, animal identification, and other information appearing on VS Form 17-140, U.S. Origin Health Certificate, are the responsibility of the issuing accredited veterinarian. When Federal veterinarians endorse a health or inspection certificate, they are:

- Certifying that the animals meet the importing country's requirements;
- Verifying that the inspection, testing, and certification were made by a licensed and accredited veterinarian; and
- Certifying that the test results are negative and all certification statements are true and factual as far as can be determined.

Original or carbon copies (no photocopies or facsimile copies) of all laboratory test results must be included with the health certificate when it is presented to USDA for endorsement. After a certificate is endorsed, it is returned to the practitioner or exporter.

## Equine

The international shipment of horses is sometimes delayed because all requested information is not included or because the animals are not identified completely on VS Form 17-140, U.S. Origin Health Certificate, or on forms designated by the country of destination submitted for approval by the practitioner. (See appendix A for an example of VS Form 17-140 and instructions for completing it. Also see the "Identifying Animals" section in the front of this manual.) Many countries are now requiring their own form for equine importation, and APHIS is complying with them; always check with your Area Veterinarian-in-Charge to be certain of the form required.

### *U.S. Origin Health Certificate for the Export of Horses From the United States to Canada*

This certificate is used for all horses going to Canada except horses for immediate slaughter. (Horses for immediate slaughter are recorded on VS Form 17-140.) The U.S. Origin Health Certificate for the Export of Horses From the United States to Canada can be obtained from the Veterinary Services office in your area. For the completed health certificate to be valid, it must be endorsed by a USDA veterinarian. In most instances, endorsement is done at the Veterinary Services area office or at the border ports. (See appendix A for an example of this certificate and instructions for completing it.)

The certificate should be typed or legibly written. It is valid for 30 days from the date of issue by the accredited veterinarian. The date of issue refers to the date the horse was examined and not necessarily the date the certificate was signed. Horses in Canada for less than 30 days (e.g., show horses) may return to the United States on the same health certificate if the Coggins test for equine infectious anemia is valid. Coggins test samples are valid for 180 days from the day the sample was drawn. Foals must be listed on a separate health certificate from the dam. If foals are under 5 months of age and traveling with their dams, foals do not require a Coggins test. If they are not traveling with their dams, foals need a negative Coggins test for movement. The horse's description on the export certificate must match the description on VS Form 10-11, Equine Infectious Anemia Laboratory Test. (See appendix A for an example of Form 10-11 and instructions for completing it.) Four copies of the health certificate and either the original or a carbon copy of VS Form 10-11 are submitted for endorsement. Photocopies and facsimile copies of VS Form 10-11 are not acceptable. VS Form 10-11 is not required for horses exported for immediate slaughter.

## Poultry

VS Form 17-6, Certificate for Poultry or Hatching Eggs for Export, is used for the international movement of poultry or hatching eggs. VS Form 17-6 can be obtained from your nearest Veterinary Services area office. The National Poultry Improvement Plan Approval Number and NPIP Classification (blocks 9 and 10 on VS Form 17-6) can be obtained from either the NPIP Directory of Participants or the APHIS Area Veterinarian-in-Charge. (See appendix A for an example of VS Form 17-6 and instructions for completing it.)

**Dogs and Cats**

The USDA does not regulate the exportation of privately owned dogs and cats. Many foreign countries regulate the entrance of dogs and cats from the United States and may require USDA veterinarians to endorse small-animal health certificates.

A few countries require an additional endorsement by the U.S. Department of State. The Veterinary Services area office in your State can provide additional information on this protocol.

The best and most definitive source of information in the United States regarding import regulations for pet animals is the consulate or embassy of the foreign country. A second source of information is the publication "Traveling With Your Pet," compiled by the American Society for the Prevention of Cruelty to Animals (ASPCA). This booklet should be used only as a guide and can be obtained by writing to:

Education Department, ASPCA
424 East 92d St.
New York, NY 10128

or telephoning the ASPCA at (212) 876-7700.

Any legible health certificate that includes the name, species, breed, sex, age, and description of the animal; date of examination; vaccination(s) received and date of administration; city and country of destination; and the examining veterinarian's signature can be used. APHIS Form 7001, U.S. Interstate and International Certificate of Health Examination for Small Animals, can be used for this purpose. It can be obtained from the Veterinary Services area office in your State.

As an accredited veterinarian, you are required to help prevent the spread of diseases through cleanliness and the use of disinfectants.

Vehicles, holding pens, and other facilities need to be cleaned and disinfected when a contagious disease is involved. At times, you must certify that transportation vehicles have been cleaned and disinfected before animals can be moved across State or international borders.

Table 8 lists some approved disinfectants. Contact your Veterinary Services area office to obtain approval for other disinfectants.

**Table 8—Recommended disinfectant mixtures**

| | Dilution | Metric[1] | English[1] | Diseases |
|---|---|---|---|---|
| Cresylic disinfectant (USDA approved) | 4% | 40 mL/L | 5.1 oz/gal | Brucellosis<br>Hog cholera<br>Shipping fever<br>Swine erysipelas<br>Tuberculosis |
| Sal soda | 10% | 100 g/L | 13 oz/gal | Foot-and-mouth disease<br>Vesicular exanthema |
| Sodium carbonate (soda ash) | 4% | 41 g/L | 1 lb/3 gal (5.3 oz/gal) | Foot-and-mouth disease<br>Vesicular exanthema |
| Na(OH) Sodium hydroxide (lye[2]) | 2% | 20 g/L | 13.5 oz/5 gal (2.7 oz/gal) | Foot-and-mouth disease<br>Vesicular exanthema |
| Na(OH) Sodium hydroxide (lye[2]) | 5% | 50 g/L | 34 oz/5 gal (6.8 oz/gal) | Anthrax[3]<br>Blackleg[3] |
| Sodium ortho-phenylphenate[4] | 1% | 10 g/L | 1 lb/12 gal | Tuberculosis<br>Infectious laryngotracheitis |
| Phenolic disinfectant formulation[5] (USDA approved) | 0.4% | 1:256 | 1:256 | Hog cholera<br>Velogenic viscerotropic<br>Newcastle disease (VVND) |
| Phenolic disinfectant formulation[5] (USDA approved) | 1% | 1:100 | 1:100 | African swine fever (ASF) |
| Sodium carbonate[6] | 4% | 40 g sodium carbonate plus 1 g sodium silicate per liter | 1 lb sodium carbonate plus 0.4 oz sodium silicate per 3 gal | Foot-and-mouth disease |

[1] All dilutions are in water.
[2] Sodium hydroxide is corrosive/caustic.
[3] Requires 8-hour contact time.
[4] Solution must be applied at a temperature of 60 °F (15.6 °C) or greater.
[5] Solutions are prepared as directed on container label.
[6] Aircraft disinfectant.

## *Laboratory Submissions*

Part of your responsibility as an accredited veterinarian is to ensure that specimen samples sent to laboratories for testing and certification are properly prepared, packed, and sent. The majority of testing for regulatory work involves drawing and submitting blood samples, but you may also be required to submit other fluid or tissue specimens. When submitting blood or serum samples, it is important to take precautions to provide adequate sample volume for testing and to prevent hemolysis, spoilage, or breaking of the sample tubes.

Most laboratories will accept either whole blood samples or serum that has been separated before sending. Most routine samples should be drawn into plain 12-mL glass collection tubes. See program guidelines for specific diseases or call your State or Federal office or the designated laboratory if you are in doubt about proper samples to submit.

Each tube should be individually marked so that it can be easily identified at the laboratory. When the samples are properly prepared, they should be packaged in boxes supplied by the State or Federal office or the designated laboratory. The appropriate test chart or certificate should be included with the blood. Postal regulations require that the blood sample container be placed in a plastic bag and then into a shipping box. Include the appropriate completed form in the shipping box, not in the bag with the blood.

You should either deliver the blood to the laboratory yourself (or send it with a designated employee), use a commercial courier, or send the samples through the U.S. Postal Service. You are responsible for its delivery to the laboratory. While it may be an unacceptable procedure to have clients or nonemployees deliver blood samples to the laboratory, some laboratories will accept samples sealed by the veterinarian with a signed prescription label and delivered by clients or other nonemployees.

When sending blood through the mail, be sure that the laboratory address is correct and mail the package early enough in the week to reach the laboratory before the weekend. Samples frequently spoil due to the delay caused by an incorrect address or delivery to the laboratory on a weekend.

Similar precautions should be taken with samples other than blood. When sending tissue samples or swabs, call the State or Federal office or the designated laboratory to get specific instructions on samples required and handling procedures. Submissions to NVSL in Ames, IA, *must* be coordinated with the Area Veterinarian-in-Charge.

## *Compliance*

The forms you submit to APHIS as an accredited veterinarian are scrutinized by Veterinary Services personnel for accuracy and completeness. When errors or irregularities are found, investigators from the agency's Regulatory Enforcement and Animal Care staff are called in. Their role is to gather all the pertinent facts regarding the issue and present those facts to appropriate Veterinary Services officials in an investigative case report. The Veterinary Services officials retain the responsibility for determining the appropriate disposition of the investigative case file.

Many of the inquiries that accredited veterinarians receive from REAC investigators involve situations where the interstate movement of livestock failed to meet State or Federal requirements. REAC investigators look into allegations that an accredited veterinarian did not abide by the accreditation standards.

If you are the subject of a REAC investigation, the investigator will explain the alleged violation to you during the interview process. It is important that you present the facts as well as your reasons for handling a situation in a particular way. In accreditation cases especially, Veterinary Services officials are interested in all the background information regarding the alleged violation. All case information is compiled and evaluated by Veterinary Services officials. A decision is then made as to how to proceed with disposition of each case. Dispositions may range from letters of information or warning to informal conferences or formal hearings. APHIS strongly supports these quality-control mechanisms in the interest of furthering the agency's mission—protecting American agriculture.

## Appendix A
## *Forms and Instructions for Completing Them*

VS Form 1-27, Permit for Movement of Animals

VS Form 4-24, Brucellosis Calfhood Vaccination Record

VS Form 4-26, Brucellosis Vaccination Record

VS Form 4-33, Brucellosis Test Record

VS Form 4-54, Brucellosis Test Record, Market Cattle Testing Program

VS Form 6-22, Tuberculosis Test Record

VS Form 10-4, Specimen Submission

VS Form 10-11, Equine Infectious Anemia Laboratory Test

VS Form 17-6, Certificate for Poultry or Hatching Eggs for Export

VS Form 17-140, U.S. Origin Health Certificate

VS Form 17-140A, U.S. Origin Health Certificate, Continuation Sheet

U.S. Origin Health Certificate for the Export of Horses From the United States to Canada

APHIS Form 7001, U.S. Interstate and International Certificate of Health Examination for Small Animals

VS Form 18-1A, U.S. Interstate and International Certificate of Health Examination for Small Animals, Continuation Sheet

VS Form 1-27

U S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

# PERMIT FOR MOVEMENT OF ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

NO. 447692

5 STATE WHERE ISSUED

1 NAME & ADDRESS OF SHIPPER OR CONSIGNOR (INCLUDE ZIP CODE)

6 MOVEMENT TO BE
INTERSTATE ☐ INTRASTATE ☐

7 MOVEMENT FOR
QUARANTINE ☐ SLAUGHTER ☐

2 NAME & ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

8 DISEASE

9 STATUS OF ANIMALS

10 STATUS OF HERD OF ORIGIN

11 STATUS OF AREA OF ORIGIN

3 LOCATION OF PREMISES OF ORIGIN (COUNTY & STATE)

12 NO ANIMALS IN THIS SHIPMENT

13 SPECIES (ONE ONLY)

14 TRUCK LICENSE NO OR R R CAR NO & INITIALS

4 CONSIGNEE (NAME & ADDRESS, INCLUDE ZIP CODE)

15 SEAL NO

16 VEHICLE REQUIRED TO BE CLEANED & DISINFECTED AT DESTINATION
YES ☐ NO ☐
IF YES, ITEMS 30 & 31 APPLICABLE

VALID ONLY FOR ABOVE DESTINATION

17 ANIMALS TO BE MOVED

| EAR TAG NO A | BREED B | SEX C | OTHER IDENT D | EAR TAG NO A | BREED B | SEX C | OTHER IDENT D |
|---|---|---|---|---|---|---|---|
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*I certify that I have inspected the animals described on this certificate and find them eligible to move in accordance with the requirements of State and Federal regulations.*

| 18 SIGNATURE OF INSPECTOR | 19 DATE ISSUED | 20 TIME ISSUED | VOID AFTER | |
|---|---|---|---|---|
| | | | 21 DATE | 22 TIME |
| | | | | |

*I understand that it is a violation of Federal law to move the animals identified herein out of the State in which they are located except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws, rules, and regulations governing movement of livestock and poultry.*

*I have arranged or will arrange for a copy of this certificate to accompany the interstate shipment of the above described animals.*

| 23 SIGNATURE OF OWNER OR SHIPPER | 24 TITLE | 25 DATE SIGNED |
|---|---|---|
| | OWNER ☐ SHIPPER ☐ | |

*I certify that the animals described on this certificate were received and slaughtered quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29*

| 26 SIGNATURE OF INSPECTOR | 27 DATE SIGNED | 28 NO ANIMALS RECEIVED | 29 DATE SLAUGHTERED/QUARANTINED |
|---|---|---|---|
| | | | |

| IF YES IN ITEM 16 | | 30 DATE CLEANED & DISINFECTED | 31 SIGNATURE OF INSPECTOR |
|---|---|---|---|
| | *This vehicle has been cleaned and disinfected in accordance with Federal and State laws, rules, and regulations* | | |

VS FORM 1-27
JAN 1973

REPLACES VS FORM 1-27 (9-72), ANH FORM 1-27, ANH FORM 12-3, ANH FORM 1-30 & ANH FORM 13-12 WHICH ARE OBSOLETE

**TO STATE OF ORIGIN (VS OFFICE)**

**VS Form 1-27**
**Permit for Movement of Animals**

1. Complete name and mailing address. If animals are being reconsigned from a market, the name and address of the market will not appear here unless the market has purchased the animals and is, in fact, the owner/shipper.

2. Complete name and address of the owner at the time the physical condition was diagnosed. May be the same as item 1.

3. Self-explanatory.

4. This should be the complete name and address of a slaughter establishment or a quarantined feedlot. If the permit is for eggs, this will be the address of the breaking establishment.

5. Self-explanatory.

6. Self-explanatory.

7. Write in "other" if for eggs.

8. State disease suspected or diagnosed.

9. Exposed, suspect, infected.

10. Infected, exposed, suspect, etc. Use "N/A" if animals are a combined lot being reconsigned from a market.

11. Status of the geographic area as it applies to the disease involved, i.e., quarantine, free, etc.

12. If poultry products, write in the number of cases, boxes, crates, etc.

13. Self-explanatory.

14. Self-explanatory.

15. Record seal number used. Seals are not used on poultry trucks but are used on eggs whose movement is restricted because of *Salmonella enteritidis*.

16. Mark appropriate box. Check with your State Veterinarian or Area Veterinarian-in-Charge if in doubt.

17. a. Record all permanent identification present.
    b. Use breed codes.
    c. M - male, F - female, N - neuter
    d. If the animal has a current permit number, list the identification number from the original permit that authorized movement to the current location. List any nonpermanent identification (e.g., sale tags, back tags, bangle tags, etc.). Identify poultry by strain. Identify poultry products by type, (e.g., eggs, manure, etc.).

18. This is a legal document; do not forget to sign it.

19. Self-explanatory.

20. Self-explanatory.

21. Allow a reasonable amount of time for the movement to take place.

22. Allow a reasonable amount of time for the movement to take place.

23. If the owner or shipper is not available, the trucker may sign. *Never* allow a member of the market organization to sign unless the market is the buyer/shipper.

24. Mark appropriate box. If the trucker signed, write in "trucker."

25. Self-explanatory.

26, 27, 28, 29. Self-explanatory. For slaughter animals and poultry, if the inspector cannot certify as to receipt and slaughter from his or her personal knowledge, and if plant management satisfies the inspector that the animals/poultry have, in fact, been handled properly, the inspector can insert above item 28 "Plant Records" or "Plant Management" and then sign item 33 and date item 34.

For animals shipped to a quarantined feedlot, whenever the inspector cannot verify arrival through direct inspection and count, he or she can insert above item 28 "animals on hand," "quarantined feedlot records," etc., and then sign item 33 and date item 34.

For swine shipped from slaughter market to slaughter market, the inspector must verify arrival of all permitted swine by direct inspection and count.

30. Must be completed if the "yes" box in item 16 is marked.

31. Must be completed if the "yes" box in item 16 is marked.

After completion of the form, items 1–25, the white copy accompanies the shipment. If the shipment is for slaughter, the green copy is addressed to the Food Safety and Inspection Service or State Inspector at the designated slaughtering establishment. They will then complete the form and return it to the State of origin. If the shipment is poultry products, the green copy goes to the Agricultural Marketing Service Inspector located at the destination. The pink copy goes to the APHIS Veterinary Services area office in the State of designation. The yellow copy goes to the APHIS Veterinary Services area office in the State of origin. The issuing official keeps the goldenrod copy.

VS Form 4-24

*ALL VACCINATIONS MUST BE PROMPTLY REPORTED*

**COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM** c625030

**BRUCELLOSIS CALFHOOD VACCINATION RECORD**

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

STATE | COUNTY (1) | CODE

HERD NUMBER | HERD OWNER LAST FIRST INITIAL | VACCINE USED (8) | EXPIRATION DATE (9)

OWNER NUMBER (2) | ROUTE-STREET-ROAD (5) | SERIAL NUMBER (10) | DOSAGE ☐ FULL ☐ REDUCED (11) | VACC. TATTOO (12)

KIND OF HERD (3) ☐ DAIRY ☐ BEEF ☐ MIXED | POST OFFICE STATE ZIP CODE

REMARKS (4) | WBBS | CV ☐ AV ☐ (6) | RGE | TWP | SEC | DISTRICT (7) | FARM UNIT

**CERTIFICATION FOR PAYMENT**

☐ FEDERAL EMPLOYEE ☐ FEE BASIS *(Federal)* ☐ STATE COUNTY ☐ PRIVATE *(Owner's Expense)* (13)

I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed end eartegged or otherwise properly identified ell calves listed hereon as prescribed by the Bruceilosis UM & R, end recorded all information es prescribed by State reguiations; (2) when peyment is cleimed et progrem expense in accordence with agreement number below no payment hes been or will be received from any other source.

Signature (14) | Date of Vaccination (15) | Agree. Code (16)

| NO. | IDENTIFICATION NUMBER | AGE (MO.) | BREED | SEX | P/B–GRADE | * TATTOO |
|---|---|---|---|---|---|---|
| 1 | (19) | (20) | (21) | (22) | (23) | (24) |
| 2 | | | | | | |
| 3 | | | | | | |
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| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

**CERTIFICATION OF OWNER OR WITNESS**

I CERTIFY THAT the calves listed hereon were vaccinated and identified for the above named owner.

Signature (17) | Date

**CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS**

* ☐ indicate **tattoo** of animals previously vaccinated in appropriate column.

I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature (18) | Date

VS FORM 4-24 (MAY 81) *Previous editions are obsolete.* **VETERINARIAN**

**VS Form 4-24**
**Brucellosis Calfhood Vaccination Record**[1]

Block 1: STATE, COUNTY, and CODE
Instructions: Enter the complete State and county name. Use the Federal Information Processing Standards code for the county.

Block 2: HERD NUMBER, OWNER NUMBER
Instructions: Herd and owner numbers are assigned by the State. You may or may not have them when you complete the form.

Block 3: KIND OF HERD
Instructions: Mark the appropriate box.

Block 4: REMARKS, WBBS
Instructions: Leave blank.

Block 5: HERD OWNER
Instructions: Enter the complete name and mailing address of the owner.

Block 6: CV, AV
Instructions: Mark whether this is a calfhood vaccination or adult vaccination.

Block 7: LOCATION
Instructions: Use the appropriate codes for these items. Check with your State or Veterinary Services area office.

Block 8: VACCINE USED
Instructions: Enter the name of the biological supply company producing the vaccine used.

Block 9: EXPIRATION DATE
Instructions: Enter the expiration date of the vaccine.

Block 10: SERIAL NUMBER
Instructions: Enter the serial number of the vaccine.

Block 11: DOSAGE
Instructions: Mark the appropriate box.

Block 12: VACC. TATTOO
Instructions: Enter the vaccination tattoo used. See Brucellosis Eradication: Uniform Methods and Rules to determine the proper tattoo.

Block 13: CERTIFICATION FOR PAYMENT
Instructions: Mark the appropriate box.

Block 14: SIGNATURE
Instructions: This is a legal document; be sure to sign it.

Block 15: DATE OF VACCINATION
Instructions: Enter the date that the vaccination was performed.

Block 16: AGREE. CODE
Instructions: Enter your agreement code provided by the State.

Block 17: CERTIFICATION OF OWNER OR WITNESS
Instructions: Have the owner or a witness sign and date the form.

Block 18: CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS
Instructions: Mark this block if calfhood vaccinates are being retagged; sign and date. Retagging is always done at the owner's expense.

Block 19: IDENTIFICATION NUMBER
Instructions: Enter the calfhood vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

Block 20: AGE (MO.)
Instructions: List the age in months.

Block 21: BREED
Instructions: Use the breed codes listed in table 1.

Block 22: SEX
Instructions: Enter F. (The only official calfhood vaccinates are female.)

Block 23: P/B-GRADE
Instructions: Mark this block if the animals are purebred (registered) or grade calves.

Block 24: TATTOO
Instructions: List the present tattoo if retagging.

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[1]After completing the form, send parts 1 and 2 (first and second sheet of the form) to the State or Veterinary Services area office depending on the State. Give part 3 (third sheet) to the owner, and keep part 4 (fourth sheet) for your records.

VS Form 4-26

STATE (1) COUNTY CODE

*ALL VACCINATIONS MUST BE PROMPTLY REPORTED*

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM **D**

BRUCELLOSIS VACCINATION RECORD

HERD NUMBER (2) | HERD OWNER LAST FIRST INITIAL | VACCINE USED (8) | EXPIRATION DATE (9)

OWNER NUMBER | ROUTE STREET ROAD (5) | SERIAL NUMBER (10) | DOSAGE ☐ Full ☐ Reduced (11) | VACC TATTOO (12)

KIND OF HERD (3) ☐ DAIRY ☐ BEEF ☐ MIXED | POST OFFICE STATE ZIP CODE

CERTIFICATION FOR PAYMENT (13)
☐ FEDERAL EMPLOYEE ☐ FEE BASIS (Federal) ☐ STATE COUNTY ☐ PRIVATE (Owner's Expense)

REMARKS (4) | WBBS | CV ☐ AV ☐ (6) | RGE | TWP | SEC | DISTRICT (7) | FARM UNIT

I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM & R, and recorded all information as prescribed by State regulations, (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.

Signature (14) | Date of Vaccination (15) | Agree Code (16)

**CERTIFICATION OF OWNER OR WITNESS**
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.

Signature (17) | Date

**CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS**
* ☐ indicate tattoo of animals previously vaccinated in appropriate column.
I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature (18) | Date

| NO | IDENTIFICATION NUMBER | AGE Yr (s) | AGE Mo (s) | BREED | SEX | P/B GRADE | * TATTOO |
|---|---|---|---|---|---|---|---|
| 1 | (19) | (20) | | (21) | (22) | (23) | (24) |
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| 21 | | | | | | | |
| 22 | | | | | | | |

| NO | IDENTIFICATION NUMBER | AGE Yr.(s) | AGE Mo.(s) | BREED | SEX | P/B GRADE | * TATTOO |
|---|---|---|---|---|---|---|---|
| 23 | (19) | (20) | | (21) | (22) | (23) | (24) |
| 24 | | | | | | | |
| 25 | | | | | | | |
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VS FORM 4-26 (JUL 83) *Previous edition may be used.*

**PART 4 - VETERINARIAN**

**VS Form 4-26**
**Brucellosis Vaccination Record**[1]

Block 1: STATE, COUNTY, and CODE
Instructions: Enter the complete State and county name. Use the Federal Information Processing Standards code for the county.

Block 2: HERD NUMBER, OWNER NUMBER
Instructions: Herd and owner numbers are assigned by the State. You may not have them when you complete the form.

Block 3: KIND OF HERD
Instructions: Mark the appropriate box.

Block 4: REMARKS, WBBS
Instructions: Leave blank.

Block 5: HERD OWNER
Instructions: Enter the complete name and mailing address of the owner.

Block 6: CV, AV
Instructions: Mark whether this is a calfhood vaccination or adult vaccination.

Block 7: LOCATION
Instructions: Use the appropriate codes for these items. Check with your State or Veterinary Services area office.

Block 8: VACCINE USED
Instructions: Enter the name of the biological supply company producing the vaccine used.

Block 9: EXPIRATION DATE
Instructions: Enter the expiration date of the vaccine.

Block 10: SERIAL NUMBER
Instructions: Enter the serial number of the vaccine.

Block 11: DOSAGE
Instructions: Mark the appropriate box.

Block 12: VACC. TATTOO
Instructions: Enter the vaccination tattoo used. See Brucellosis Eradication: Uniform Methods and Rules to determine the proper tattoo.

Block 13: CERTIFICATION FOR PAYMENT
Instructions: Mark the appropriate box.

Block 14: SIGNATURE
Instructions: This is a legal document; be sure to sign it.

Block 15: DATE OF VACCINATION
Instructions: Enter the date that the vaccination was performed.

Block 16: AGREE. CODE
Instructions: Enter your agreement code provided by the State.

Block 17: CERTIFICATION OF OWNER OR WITNESS
Instructions: Have the owner or a witness sign and date the form.

Block 18: CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS
Instructions: Mark this block if calfhood vaccinates are being retagged; sign and date. Retagging is always done at the owner's expense.

Block 19: IDENTIFICATION NUMBER
Instructions: Enter the vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

Block 20: AGE (MO.)
Instructions: List the age in months.

Block 21: BREED
Instructions: Use the breed codes listed in table 1.

Block 22: SEX
Instructions: Enter F.

Block 23: P/B-GRADE
Instructions: Mark this block if the animals are purebred (registered) or grade calves.

Block 24: TATTOO
Instructions: List the present tattoo if retagging.

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[1]After completing the form, send parts 1 and 2 (first and second sheet of the form) to the State or Veterinary Services area office depending on the State. Give part 3 (third sheet) to the owner and keep part 4 (fourth sheet) for your records.

*ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION*

STATE (1) | COUNTY (2) | CODE (3)

**COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM** B 1135998

# BRUCELLOSIS TEST RECORD

HERD NUMBER | HERD OWNER LAST (4) FIRST INITIAL | PREVIOUS TEST DATE | VET CODE (6a) | TOTAL | REA | SUS

OWNER NUMBER | ROUTE-STREET-ROAD

TEST | PROG. | WBBS | POST OFFICE | STATE | ZIP CODE

CERTIFICATION FOR PAYMENT
☐ FEDERAL EMPLOYEE ☐ FEE BASIS *(Federal)* ☐ STATE COUNTY ☐ PRIVATE *(Owner's Expense)*

*I certify* (9)

*That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.*

REASON FOR TEST ☐ INITIAL ☐ RETEST (6)

| | | | |
|---|---|---|---|
| Slaughter Rea | 1 | Hd Cert / Validation | 6 |
| Lvst. Mkt Rea | 2 | Post Move Quar & Test | 7 |
| Susp Ring Test | 3 | Area Test | 8 |
| Diagnostic | 4 | Epidemiology | 9 |
| Pvt Sale | 5 | Other *(Specify below)* | 10 |

REMARKS

RGE | TWP | SEC (5) | DISTRICT | FARM UNIT

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS ☐ YES ☐ NO (7) NO IN HERD

KIND OF HERD ☐ DAIRY ☐ BEEF ☐ MIXED ☐ SWINE ☐ OTHER *(Specify below)* (8)

LABORATORY | PLACE | DATE | BY

SUMMARY: NEGATIVE | SUSPECT | REACTOR | TOTAL

LAB USE ONLY

SIGNATURE (10) | AGREE. CODE (9)

ROUTE STREET, ROAD | DATE BLED (10)

POST OFFICE | STATE | ZIP CODE | FIELD TEST DONE BY (19)

REACTORS TAGGED AND BRANDED DATE | SIGNATURE (22) | AGREE CODE

DATE LISTED

| TUBE NO (11) | 2 (12) | RECORD ALL IDENTIFICATION NUMBER(S) (13) | VACC TATTOO (14) | AGE (15) | BREED (16) | SEX (17) | FLD T (18) | LABORATORY RESULTS: BAPA/RBT | CARD | STT/SPT | RIV | CF | | TEST In-terp | REMARKS AND ADDITIONAL INFORMATION (20) | REACTOR TAG NUMBER (21) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | | | | | | | | | | | | | | |
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| | | 10 | | | | | | | | | | | | | | |
| | | 11 | | | | | | | | | | | | | | |
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| | | 13 | | | | | | | | | | | | | | |
| | | 14 | | | | | | | | | | | | | | |
| | | 15 | | | | | | | | | | | | | | |

LAB USE ONLY

RT - Retag AB - Aborter
NA - Natural Addition
PA - Purchased Addition

Record ALL Eartag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE
N - Negative
P - Positive

TEST INTERPRETATION
N - Negative Classified by
S - Suspect .....
R - Reactor Date Classified

TEST AUTHORIZATION EXPIRES

VS FORM 4-33
(APR 81)

*Replaces edition of July 1975 and VS Form 4-33 BPH, which are obsolete.*

**ASSIGNMENT**

**VS Form 4-33**
**Brucellosis Test Record**

Block 1: STATE
Instructions: Enter the correct State code.

Block 2: COUNTY
Instructions: Enter the location of the herd; it may not be the same as the owner's residence.

Block 3: CODE
Instructions: Enter the correct county code. A list of the Federal Information Processing Standards county codes for your State may be obtained from your nearest Veterinary Services area office. If you do not know the correct code, leave the block blank.

Block 4: HERD OWNER
Instructions: Enter last name, first name, middle initial, and complete mailing address. Be consistent among tests—for example, James Jones *vs.* J. Jones *vs.* Jones Bros.

Block 5: LOCATION CODES
Instructions: Enter the location codes if appropriate and/or known. Check with the Veterinary Services area office for specific information.

Blocks 6 and 6a: REASON FOR TEST
Instructions: Indicate whether this is the initial test or a retest. If you check the retest block, enter that test date in the PREVIOUS TEST DATE block. The vet code is assigned by your State. This information may be preprinted on the form. Indicate the reason for the test (e.g., export). If none of the first 9 reasons apply, check item 10, Other, and briefly explain in the REMARKS block.

Block 7: COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
Instructions: Check either Yes or No to indicate whether this test is a complete herd test (all eligible animals are being tested). Enter the number of eligible animals in the herd.

Block 8: KIND OF HERD
Instructions: Enter the type of herd—dairy, beef, or mixed, or swine, or other (e.g., caprine).

Block 9: AGREE. CODE
Instructions: Certification for payment may be fee-basis or private depending on the State. Your agreement code is assigned by your State.

Block 10: SIGNATURE
Instructions: Sign the form and provide your address. Remember, this is a legal document; be sure to sign it. Provide the complete address, including ZIP Code. (The date should be the date the animal was bled.)

Block 11: TUBE NO.
Instructions: Follow instructions from the laboratory you use on how to number the tubes.

Block 12: ANIMAL DESIGNATION
Instructions: Use the abbreviations listed at the bottom of the column to indicate retag, natural addition, purchased addition, and/or aborter.

Block 13: RECORD ALL IDENTIFICATION NUMBER(S)
Instructions: Record all permanent identification, that is, official metal eartag (place in right ear if not already present), individual registration tattoo, official registration brand, or registration number of a breed association recognized by APHIS' Veterinary Services. If more than one form of permanent identification is present, enter all of them.

Block 14: VACC. TATTOO
Instructions: Record all legible characters. Use a dash to indicate illegible characters (e.g., 1V9, —V7, 2V—, —V—). If no tattoo can be seen, but the eartag is an official vaccination tag (shield can be identified), enter "CV" for calfhood vaccinate or "AV" for adult vaccinate. Leave blank if animal is not a vaccinate.

Block 15: AGE
Instructions: Enter the age in years. If you use months, add an "m" (e.g., 18m).

Block 16: BREED
Instructions: Use the codes listed on the supplement to the form.

Block 17: SEX
Instructions: Enter M or F.

If the field card test is performed, complete blocks 18 and 19.

Block 18: FLD T
Instructions: Enter the results of the field test. Field test is the same as card test. Use "+" for positive or "–" for negative.

Block 19: FIELD TEST DONE BY
Instructions: Sign only if you are the person who actually performed the field card tests.

Block 20: REMARKS AND ADDITIONAL INFORMATION
Instructions: Enter owner flap tags, bangle tags, and other identification or information about the individual animal. See the supplemental sheet for information on flap tags.

If reactors are disclosed, complete blocks 21 and 22.

Block 21: REACTOR TAG NUMBER
Instructions: Record the reactor tag number.

Block 22: REACTORS TAGGED AND BRANDED
Instructions: Enter the date branded and tagged, and sign the form.

**Pseudorabies**

Check first with the State office in the State where the swine are located to be sure the State does not have an official pseudorabies test form. If there is an official State form, use it. Otherwise, alter VS Form 4-33 as follows:

1. At the top of the form, delete BRUCELLOSIS and print PSEUDORABIES. Also print PSEUDORABIES in the REMARKS block.

2. When testing for the Cooperative State–Federal–Industry Pseudorabies Eradication Program, if you check block 6, 8, or 9, you must also do the following:

- If block 6 is checked, enter one of the following in the REMARKS block:
  - Feeder-pig monitoring
  - Qualified-negative(QN) herd test
  - QN-vaccinated herd test
  - Retest of infected herds
  - Retest of imported swine
  - Gene-altered vaccinated herd test
  - Other

- If block 8 is checked, enter one of the following in the REMARKS block:
  - Breeding herd
  - Grower/finisher herd
  - Farrow to finish

- If block 9 is checked, enter one of the following in the REMARKS block:
  - Tracing movements of infected herds
  - Tracing source of additions to infected herds
  - Circle testing around infected herds
  - [Explanation for any other epidemiologic reason]

3. Permanent identification includes official eartag, tattoo, and ear notching.

4. If the herd that you are testing is vaccinated, use the REMARKS block to list the type and brand name of vaccine used.

U. S. DEPARTMENT OF AGRICULTURE
ANIMAL & PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

# BRUCELLOSIS TEST RECORD
## MARKET CATTLE TESTING PROGRAM

STATE (1)

SAMPLES DRAWN AT *("X" One)* (2)
☐ LIVESTOCK MARKETS ☐ SLAUGHTER ESTAB

ESTAB NUMBER (3)

NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN (4)

CERTIFICATION

I CERTIFY THAT I HAVE COLLECTED AND CORRECTLY IDENTIFIED EACH BLOOD SAMPLE LISTED BELOW

SIGNATURE

DATE (5)

TESTING LABORATORY

LABORATORY

ADDRESS (6)

DATE

SIGNATURE

TEST RESULTS

| | |
|---|---|
| NEG | (7) |
| SUS | |
| REA. | |
| TOTAL | |

| TUBE NO | SALES TAG OR BRAND | BACK TAG NUMBER | EAR TAG NUMBER | VACC TAT-TOO | AGE | BREED | SEX | LABORATORY RESULTS: CARD | STT / SPT | RIV | CF | TEST IN TEMP | COUNTY | HERD OWNER'S NAME | ADDRESS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (8) 1 | (9) | (10) | (11) | (12) | (13) | (14) | (15) | | | | | | (16) | (17) | (18) |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |

LAB USE ONLY

VS FORM 4-54
(JUL 81)

*Previous editions are obsolete.*

PART 4 - LIVESTOCK MARKET COPY

**VS Form 4-54**
**Brucellosis Test Record, Market Cattle Testing Program**

Block 1: STATE
Instructions: Enter the name of the State.

Block 2: SAMPLES DRAWN AT
Instructions: Mark the appropriate box.

Block 3: ESTAB. NUMBER
Instructions: Enter the unique number assigned to each establishment (slaughterhouse or livestock market). You may obtain these numbers from the Veterinary Services area office in your State.

Block 4: NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN
Instructions: Enter the complete name and mailing address.

Block 5: CERTIFICATION
Instructions: Sign the form and enter the date that the samples were drawn.

Block 6: TESTING LABORATORY
Instructions: If the blood samples are being sent to a laboratory, leave this block blank; the laboratory will fill it in. If you are collecting the samples at a market and conducting the tests yourself, fill in the information. Enter the name of the laboratory and the address where you are actually conducting the tests.

Block 7: TEST RESULTS
Instructions: If the samples are sent to a laboratory, leave this area blank. If you are conducting the tests, enter the results.

Block 8: TUBE NO.
Instructions: Self-explanatory.

Block 9: SALES TAG OR BRAND
Instructions: Self-explanatory.

Block 10: BACK TAG NUMBER
Instructions: Self-explanatory.

Block 11: EAR TAG NUMBER
Instructions: Self-explanatory.

Block 12: VACC. TATTOO
Instructions: List the vaccination tattoo, if present.

Block 13: AGE
Instructions: Enter the age in years or months. Indicate which you are using by placing an M or Y after the number.

Block 14: BREED
Instructions: Enter the proper breed code.

Block 15: SEX
Instructions: Enter M or F.

Block 16: COUNTY
Instructions: List the county of origin of the cattle. If unknown, leave blank.

Block 17: HERD OWNER'S NAME
Instructions: Self-explanatory.

Block 18: ADDRESS
Instructions: Enter the address of the herd owner.

VS Form 6-22

**PLACE ON HARD SURFACE AND WRITE FIRMLY**

*ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION*

STATE (1)

**COOPERATIVE STATE-FEDERAL TUBERCULOSIS ERADICATION PROGRAM**
TUBERCULOSIS TEST RECORD

**E 191953**

COUNTY | TWP | SEC | HERD OWNER LAST | FIRST | INITIAL

PREVIOUS TEST DATE | VET CODE | TOTAL (8) | REA | SUS

HERD NUMBER (2) | ROUTE STREET ROAD (3)

LES-ION | TEST (5) | D-B | U | POST OFFICE | STATE

COUNTY | TOWNSHIP OR DISTRICT (6) | SEC | FARM NO

**CERTIFICATION FOR PAYMENT**

☐ PROGRAM (State Federal Expense) (13) ☐ PRIVATE (Owner's Expense)

DATE LISTED (8)

*I certify*
*That this test was made by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces*
*That when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source*

REASON FOR TEST

| | | | |
|---|---|---|---|
| 1 AREA | | 6 RETEST | |
| 2 HERD/RE ACCREDIT | | 7 TRACING REG. KILL | |
| 3 MILK ORDINANCE | | 8 TRACING REACTORS | |
| 4 SALE SHOW | | 9 TRACING EXPOSED | |
| 5 IMPORTED | | 10 OTHER | |

(9) COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
☐ YES ☐ NO NO. IN HERD

(10) KIND OF HERD
☐ DAIRY ☐ BEEF ☐ MIXED

METHOD OF TEST (11)
☐ CAUDAL
☐ VULVA
☐ CERVICAL

SUMMARY (12)

| | |
|---|---|
| NEGATIVE | |
| SUSPECT | |
| REACTOR | |
| TOTAL | |

SIGNATURE (14) | AGREE CODE

INJECTION | DATE (15) | HOUR

OBSERVATION | DATE | HOUR

REACTORS TAGGED AND BRANDED DATE | SIGNATURE (16) | AGREE CODE

| | IDENTIFICATION NUMBER (17) | AGE (19) | BREED (20) | SEX (21) | RESULTS SIZE (22) | RESULTS NRS (22) | REACTOR TAG NUMBER (23) | | IDENTIFICATION NUMBER | AGE | BREED | SEX | RESULTS SIZE | RESULTS NRS | REACTOR TAG NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | | | | | | | 16 | | | | | | | |
| 2 | 2 | | | | | | | 17 | | | | | | | |
| 3 | 3 | | | | | | | 18 | | | | | | | |
| 4 | 4 | | | | | | | 19 | | | | | | | |
| 5 | 5 | | | | | | | 20 | | | | | | | |
| 6 | 6 | | | | | | | 21 | | | | | | | |
| 7 | 7 | | | | | | | 22 | | | | | | | |
| 8 | 8 | | | | | | | 23 | | | | | | | |
| 9 | 9 | | | | | | | 24 | | | | | | | |
| 10 | 10 | | | | | | | 25 | | | | | | | |
| 11 | 11 | | | | | | | 26 | | | | | | | |
| 12 | 12 | | | | | | | 27 | | | | | | | |
| 13 | 13 | | | | | | | 28 | | | | | | | |
| 14 | 14 | | | | | | | 29 | | | | | | | |
| 15 | 15 | | | | | | | 30 | | | | | | | |

RT - Retag
NA Natural Addition
PA - Purchased Addition

N Negative
S Suspect
R Reactor

*I hereby acknowledge receiving a copy of this record which I have examined and find correct*

DATE | OWNER'S SIGNATURE (24)

THIS AUTHORIZATION TO TEST EXPIRES (25)

VS FORM 6-22 (JUL 75) *Previous editions obsolete*

**PART 3 - OWNER**

**VS Form 6-22**
**Tuberculosis Test Record**[1]

Block 1: STATE
Instructions: Enter the State name.

Block 2: COUNTY
Instructions: Use Federal Information Processing Standards county code. A list for your State can be obtained from the Veterinary Services area office. If you cannot obtain the county code, leave the box blank. Enter the township or section code if applicable.

Block 3: HERD OWNER
Instructions: Enter the complete name and mailing address of the herd owner.

Block 4: HERD NUMBER
Instructions: The herd number is assigned by your State. If this is a retest, you should know the number. If this is an initial test, you may not know the number.

Block 5: LESION, TEST, D-B, U
Instructions: Leave blank.

Block 6: TOWNSHIP OR DISTRICT
Instructions: Fill in names of county, township, or district, section, and farm number, as applicable. (Some States have official farm numbers. If this is true in your State, the numbers can be obtained from the Veterinary Services area office in your State.)

Block 7: REASON FOR TEST
Instructions: Mark the appropriate box. If you mark OTHER, state the reason.

Block 8: PREVIOUS TEST DATE
Instructions: Complete this block only if this is a retest. The Vet Code is assigned by your State.

Block 9: COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
Instructions: Mark yes or no. Provide the total number of animals in the herd.

Block 10: KIND OF HERD
Instructions: Mark the appropriate box.

Block 11: METHOD OF TEST
Instructions: Mark the appropriate box.

Block 12: SUMMARY
Instructions: Complete this block after testing. Fill in the number of animals in each category.

Block 13: CERTIFICATION FOR PAYMENT
Instructions: Mark the appropriate box.

Block 14: SIGNATURE, AGREE. CODE
Instructions: This is a legal document; be sure to sign it. Your agreement code is assigned by your State.

Block 15: INJECTION, OBSERVATION
Instructions: List the date and time that the injection was made and the date and time that the test was read (OBSERVATION).

Block 16: REACTORS TAGGED AND BRANDED, AGREE. CODE
Instructions: Enter the signature and agreement code of the veterinarian tagging and branding any reactors. This person may be different from the one filling out the rest of the form. Include the date of tagging and branding.

Block 17: ANIMAL CODE
Instructions: Enter one of the codes listed at the bottom of the column for all appropriate animals.

Block 18: IDENTIFICATION NUMBER
Instructions: Record permanent identification, i.e., metal eartags and tattoos. If more than one is present, record them all. If none is present, apply metal eartag and record that number.

Block 19: AGE
Instructions: Record the age in years.

Block 20: BREED
Instructions: Use the two-digit breed codes.

Block 21: SEX
Instructions: Enter M (male), F (female), or N (neuter).

Block 22: RESULTS
Instructions: Record the diameter of the indurated area in millimeters in the first column. Record the result of the test in the second column: N (negative) or S (Suspect).

Block 23: REACTOR TAG NUMBER
Instructions: If reactors are present, record the reactor tag number applied.

Block 24: DATE, OWNER'S SIGNATURE
Instructions: Have the owner sign and date the form. Leave part 3 (third sheet of the form) with the owner.

Block 25: THIS AUTHORIZATION TO TEST EXPIRES
Instructions: Enter the date. It is determined by each State and may vary depending on the circumstance. Check with your State Veterinarian's office.

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[1]After completing the form, send parts 1, 2, and 5 to the State or Veterinary Services area office (check with your State), give part 3 to the owner, and keep part 4 for your records.

VS Form 10-4 (front)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
AMES, IOWA 50010

# SPECIMEN SUBMISSION

**INSTRUCTIONS:** Use a separate request for each species and each owner/broker. See reverse of Part 5 for definitions *(item 11)* and instructions for identification *(item 19)*.

PAGE ____ OF ____

1. NAME OF SUBMITTER *(Last, First, MI)*

MAILING ADDRESS *(Street, City, State, Zip code, and telephone no.)*

2. NAME OF OWNER/BROKER *(Last, First, MI)*

CITY | STATE

3. LOCATION OF ANIMALS

County | State

4. HERD/FLOCK SIZE

5. NO. IN HERD/FLOCK AFFECTED

6. NO. IN HERD/FLOCK DEAD

7. EXAMINATIONS REQUESTED *(Diseases and Test Procedures)*

8. COLLECTED BY

9. DATE COLLECTED

10. AUTHORIZED BY

11. PURPOSE OF SUBMISSION *("X" one) (See reverse side of Part 5 for definitions)*

☐ General Diagnostic ☐ Surveillance/Monitor ☐ Import
☐ FAD/EP Diagnostic ☐ Developmental/Research ☐ Export
☐ NVSL Intralab Diagnostic ☐ Reagent Evaluation

12. COUNTRY OF ORIGIN/DESTINATION

13. REFERRAL NUMBER

14. PRESERVATION *("X" applicable item(s))*

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other *(specify)*

15. SPECIMENS SUBMITTED *("X" applicable item(s))*

☐ Blood ☐ Feces ☐ Parasite ☐ Serum ☐ Tissue ☐ Whole Bird
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Other *(specify)*
☐ Extract ☐ Milk ☐ Semen ☐ Swab ☐ Water

16. TOTAL NUMBER OF SPECIMENS SUBMITTED

17. SPECIES OR SOURCE *("X" one)*

☐ Cattle ☐ Goat ☐ Environment ☐ Chicken ☐ Other *(specify)*
☐ Swine ☐ Horse ☐ Reagent ☐ Turkey
☐ Sheep ☐ Donkey ☐ Pet Bird *(specify)*

18. NUMBER OF ANIMALS SAMPLED

19. IDENTIFICATION *(see reverse side of Part 5)*

| Sample ID | Animal ID | AGE | SEX | Sample ID | Animal ID | AGE | SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

20. ADDITIONAL DATA *(History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary. Attach 5 copies.)*

21. SIGNATURE OF SUBMITTER AND DATE SUBMITTED

NVSL USE ONLY

| CONDITION | PRIORITY | DISTRIBUTION | RECEIVED BY |
|---|---|---|---|
| | | | |

NVSL ACCESSION NO.

VS FORM 10-4 (MAY 83) *Previous edition obsolete.*

PART 5 - SUBMITTER

**Item 11 - Definitions of Diagnostic Case Categories**

**General Diagnostic Case** - A case in which the tests conducted are for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition.

**FAD/EP Diagnostic Case** - A case in which the tests conducted are for the differential diagnosis or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U. S.

**NVSL Intralab Diagnostic Case** - A case in which the tests conducted are for the purpose of diagnosing or confirming a disease condition, analyzing environmental products that may be contributing to a disease condition or for analyzing chemical products for another laboratory of NVSL.

**Surveillance/Monitor Case** - A case in which the tests conducted are for the purpose of monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal or poultry facilities.

**Developmental/Research Case** - A case in which the tests are conducted for the purpose of supporting a developmental or research project conducted by another laboratory of NVSL, by staff or field personnel of VS or by other laboratories, institutions, or agencies.

**Reagent Evaluation Case** - A case in which the tests conducted are for the purpose of evaluating a reagent produced by another laboratory of NVSL or by other laboratories, institutions, or agencies.

**Import Case** - A case in which the tests conducted are for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for importation into the U. S.

**Export Case** - A case in which the tests conducted are for the purpose of qualifying animals or poultry, including wild animals and birds, or animal and poultry products for exportation to a foreign country.

**Item 19 - Identification**

**Identify Samples with Consecutive Numbers** - Record animal identification *(number or name)* adjacent to appropriate sample number. Laboratory results will be reported by sample identification number. Indicate approximate age in years(y), months(m), weeks(w), or days(d), and indicate sex of each animal. See example below. When more than 10 samples, use VS Form 10-4A.

| IDENTIFICATION | | AGE | SEX | IDENTIFICATION | | AGE | SEX |
|---|---|---|---|---|---|---|---|
| Sample | Animal | | | Sample | Animal | | |
| 1 | 12ABC0000 | 3y | F | 6 | 12ABC0005 | 10d | F |
| 2 | 12ABC0001 | 2y | M | 7 | 12ABC0006 | 10m | F |
| 3 | 12ABC0002 | 1y | F | 8 | 12ABC0007 | 8m | M |
| 4 | 12ABC0004 | 6m | F | 9 | 12ABC0008 | 2½y | F |
| 5 | 12ABC0005 | 3w | M | 10 | 12ABC0009 | 15m | M |

**VS Form 10-4**
**Specimen Submission[1]**

PAGE
Instructions: If you have only one form to send, fill in 1 of 1. If you used a continuation form, fill in the appropriate numbers, e.g., 1 of 2 or 3 of 6.

Block 1: NAME OF SUBMITTER, MAILING ADDRESS
Instructions: Enter your name, address, and telephone number.

Block 2: NAME OF OWNER/BROKER
Instructions: Self-explanatory.

Block 3: LOCATION OF ANIMALS
Instructions: This information may be different from the owner's address and can become very important in the event of a traceback.

Block 4: HERD/FLOCK SIZE
Instructions: Fill in, if applicable.

Block 5: NO. IN HERD/FLOCK AFFECTED
Instructions: Enter the number of sick animals.

Block 6: NO. IN HERD/FLOCK DEAD
Instructions: Enter the number of dead animals.

Block 7: EXAMINATIONS REQUESTED
Instructions: List all tests or procedures you want conducted. May be an "if, then" statement. For example, "If *Salmonella* is isolated, perform serotype testing."

Block 8: COLLECTED BY
Instructions: Enter the name of the person who collected the samples. This person may not be you, the submitter.

Block 9: DATE COLLECTED
Instructions: Enter the date that sample was collected.

Block 10: AUTHORIZED BY
Instructions: This entry will usually be the Area Veterinarian-in-Charge in your State.

Block 11: PURPOSE OF SUBMISSION
Instructions: Mark the appropriate box. Explanations of choices are on the reverse side of part 5 (last sheet of the form).

Block 12: COUNTRY OF ORIGIN/DESTINATION
Instructions: If test is for import or export, complete this box; if not, leave blank.

Block 13: REFERRAL NUMBER
Instructions: The referral number will be provided to you by the Area Veterinarian-in-Charge in your State. All submissions to NVSL **must** be cleared through the Veterinary Services area office and be assigned a referral number.

Block 14: PRESERVATION
Instructions: Mark the appropriate box.

Block 15: SPECIMENS SUBMITTED
Instructions: Mark the appropriate box.

Block 16: TOTAL NUMBER OF SPECIMENS SUBMITTED
Instructions: Self-explanatory.

Block 17: SPECIES OR SOURCE
Instructions: Mark the appropriate box; mark one box only. If you have samples from multiple species, use one form per species.

Block 18: NUMBER OF ANIMALS SAMPLED
Instructions: Blocks 16 and 18 may not be the same if there are multiple specimens per animal. Enter the correct number in each block.

Block 19: IDENTIFICATION
Instructions: An explanation and example for this block is on the reverse side of part 5 (last sheet of the form).

Block 20: ADDITIONAL DATA
Instructions: List other pertinent information.

Block 21: SIGNATURE OF SUBMITTER AND DATE SUBMITTED
Instructions: Sign and date the form.

The rest of the boxes are for NVSL use only.

---

[1] VS Form 10-4 accompanies samples when they are submitted to NVSL. Send pages 1, 2, and 3 to NVSL. Send page 4 to the Veterinary Services area office in your State. Keep page 5 for your files.

**USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD YOU ARE MAKING 5 COPIES**

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# EQUINE INFECTIOUS ANEMIA LABORATORY TEST

*(VS Memorandum 555.8)*

| 1. ACCESSION NUMBER | 2. DATE |
|---|---|
| | |

**3. NAME AND ADDRESS OF OWNER** *(Street, City, State and Zip Code)*

Tel No. - AC ( ) . . . . . .

**4. NAME AND ADDRESS WHERE HORSE IS STABLED** *(Street, City, State and Zip Code)*

Tel No. - AC ( ) . . . . . .

**5. NAME AND ADDRESS OF VETERINARIAN** *(Street, City, State and Zip Code Print name and address legibly for window envelope use.)*

**6. MARKET TEST** ☐ YES ☐ NO

**7. NAME AND ADDRESS OF AUCTION MARKET** *(Street, City, State and Zip Code)*

Tel No. - AC ( ) . . . . . .

**8. FEDERALLY ACCREDITED VET** ☐ YES ☐ NO

**9. STATE IN WHICH LICENSED**

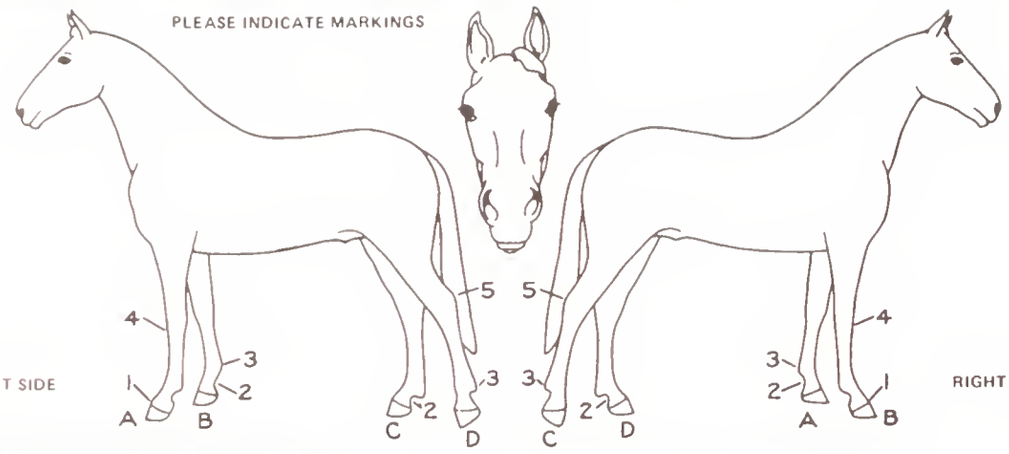
*I hereby certify that the blood specimen submitted with this form was drawn by me from the horse described below on the date indicated.*

| 10. SIGNATURE OF VETERINARIAN | 11. TELEPHONE NO. | 12. DATE SAMPLE DRAWN |
|---|---|---|
| | AC ( ) | |

13 IDENTIFICATION DATA

| TUBE NO | OFFICIAL TAG NO | TATTOO/BRAND NO | NAME OF HORSE | COLOR | REG. NO. | BREED | AGE | *SEX |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

PLEASE INDICATE MARKINGS




FOR DESCRIPTION GUIDE - HORSES, SEE REVERSE SIDE OF PART 1

14 REASON FOR TESTING *If other than Equine Infectious Anemia*

| 15. DESCRIPTION AND REMARKS *Left Side* | | 16. DESCRIPTION AND REMARKS *(Right Side)* |
|---|---|---|
| | A - LEFT OR NEAR FORE LEG<br>B - RIGHT OR OFF FORE LEG<br>C - RIGHT OR OFF HIND LEG<br>D - LEFT OR NEAR HIND LEG<br><br>1 - Coronet<br>2 - Pastern<br>3 - Fetlock<br>4 - Knee<br>5 - Hock<br><br>*M - Mare<br>S - Stallion<br>G - Gelding<br>N - Neuter | |

**FOR LABORATORY USE ONLY**

| 17. DATE RECEIVED | 18. DATE REPORTED | 19. TEST RESULT | 20. REMARKS |
|---|---|---|---|
| | | | |
| **21. NAME OF LABORATORY** | | **22. SIGNATURE** | |
| | | | |

VS FORM 10-11 (SEP 84) *Previous edition obsolete*

**PART 5 - STATE**

**VS Form 10-11**
**Equine Infectious Anemia**
**Laboratory Test**

Block 1: ACCESSION NUMBER
Instructions: The accession number is assigned by the laboratory. Leave blank.

Block 2: DATE
Instructions: Enter the date that you are filling out the form.

Block 3: NAME AND ADDRESS OF OWNER
Instructions: Enter the name, complete mailing address, and telephone number of the owner.

Block 4: NAME AND ADDRESS WHERE HORSE IS STABLED
Instructions: Enter the address where the horse is stabled; this address may be different from that entered in block 3.

Block 5: NAME AND ADDRESS OF VETERINARIAN
Instructions: Enter your name and complete mailing address.

Block 6: MARKET TEST
Instructions: Mark the appropriate box.

Block 7: NAME AND ADDRESS OF AUCTION MARKET
Instructions: Complete this block only if it is applicable.

Block 8: FEDERALLY ACCREDITED VET
Instructions: Mark the appropriate box.

Block 9: STATE IN WHICH LICENSED
Instructions: Self-explanatory.

Block 10: SIGNATURE OF VETERINARIAN
Instructions: Self-explanatory.

Block 11: TELEPHONE NO.
Instructions: Self-explanatory.

Block 12: DATE SAMPLE DRAWN
Instructions: Self-explanatory. If there are any time restraints on the test (as with exports), they are from the date that the sample is drawn rather than from the date the sample is submitted or the date the test result is reported.

Block 13: IDENTIFICATION DATA
Instructions: Fill out as completely as possible. This area can cause the greatest number of problems, especially during interstate or international movement. The description MUST match the horse exactly; therefore, be precise when indicating the markings. There is a description guide on the reverse side of the first sheet of the form. To list the sex, use the codes listed on the form (M-mare, S-stallion, G-gelding, N-neuter).

Block 14: REASON FOR TESTING
Instructions: Enter the reason for the test—for example, stable test or export.

Block 15: DESCRIPTION AND REMARKS (Left Side)
Instructions: Be as complete and precise as possible. (See the reverse side of part 1 of the form for a description guide.)

Block 16: DESCRIPTION AND REMARKS (Right Side)
Instructions: Be as complete and precise as possible.

Blocks 17 through 22:
Instructions: For laboratory use only.

VS Form 17-6

This certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be validated unless the data required are provided.

See reverse side for additional OMB information.

FORM APPROVED OMB NO. 0579-0048

**U.S. DEPARTMENT OF AGRICULTURE**
Animal and Plant Health Inspection Service
Veterinary Services

# CERTIFICATE FOR POULTRY OR HATCHING EGGS FOR EXPORT

1. DATE OF SHIPMENT

No. H

2. NAME & ADDRESS OF EXPORTER *(include ZIP code)*

3. NAME & ADDRESS OF IMPORTER

FIPS STATE CODE *(for USDA use only-see reverse)*

FIPS COUNTRY CODE *(for USDA use only)*

| 4. QUANTITY/UNIT *(Eggs-Dozen) (Poultry-Number)* | 5. VARIETY, STRAIN OR TRADE NAME | 6. PRODUCT (X or ✓) | | | | | 7. SEX (X or ✓) | | | 8. TYPE *(Intended use)* (X or ✓) | | | | | | | | | 9. NPIP APPROVAL NO. / 10. NPIP CLASSIFICATION - U.S. (X or ✓) | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Commercial Production Stock | | | Multiplier Breeding Stock | | | Primary Breeding Stock | | | | | | | | |
| | | Chicken Eggs | Turkey Eggs | Chicks | Poults | Other | Straight-run | Females | Males | Eggs-Type | Meat-Type | Other | Eggs-Type | Meat-Type | Other | Eggs-Type | Meat-Type | Other | Pullorum-Typhoid Clean | M. Gallisepticum Clean | M. Synoviae Clean | M. Meleagridis Clean | Sanitation Monitored | OTHER *(Specify)* |
| | | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | |
| | ← 11. TOTAL NO. OF UNITS CERTIFIED FOR EXPORT | | | | | | | | | | | | | | | | | | | | | | | |

12. CHECK APPROPRIATE CERTIFICATION BELOW *(A OR B)*

☐ A. **Certificate for Hatching Eggs and Newly Hatched Poultry, which have not been fed or watered.** This is to certify that (1) the flock or flocks and the hatchery or hatcheries from which the above described hatching eggs or newly hatched poultry originated were inspected by me within 30 days prior to shipment of above hatching eggs or setting of eggs for above shipment of day old chicks and found free from evidence of communicable diseases and insofar as can be determined have not been exposed to Newcastle disease, fowl plague, fowl typhoid, ornithosis and pullorum disease. (2) during the usual routine inspection of the flock or flocks there was no visible evidence of communicable diseases observed on the inspection dates listed in item 13 below (3) the National Poultry Improvement Plan classification is as indicated in item 9 above, and (4) the prospective exporter has been advised that the hatching eggs must be clean and that the shipment must be made in new, clean containers

☐ B. **Certificate for Poultry other than Newly Hatched Poultry Specified in Certificate A.** This is to certify that (1) on this date all poultry shown in item 5 above including all other poultry maintained in the flock, were inspected by me on the premises of origin within the past 30 days and found free from evidence of infectious and contagious diseases and insofar as can be determined have not been exposed to Newcastle disease, fowl plague, fowl typhoid, ornithosis, and pullorum disease, and (2) the prospective exporter has been advised that shipment must be made in new containers or clean containers which have been properly cleaned and disinfected

13. REMARKS OR ADDITIONAL INFORMATION *(if needed)*

USDA VETERINARY SEAL *(if required)*

14. TYPED NAME OF ISSUING VETERINARIAN

15. SIGNATURE OF ISSUING VETERINARIAN

16. STATUS ☐ 1. State ☐ 2. Federal ☐ 3. Accredited

17. DATE ISSUED Mo De Yr

18. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN *(if required)*

19. DATE ENDORSED Mo Da Yr

VS FORM 17-6 (NOV 91) *Previous edition may be used.*

**ISSUING VETERINARIAN**

**VS-Form 17-6**
**Certificate for Poultry or Hatching Eggs for Export**

Block 1: DATE OF SHIPMENT
Instructions: Self-explanatory.

Block 2: NAME AND ADDRESS OF EXPORTER
Instructions: Use the complete name and mailing address of the exporter. The Federal Information Processing Standards State codes may be found on the reverse side of the form.

Block 3: NAME AND ADDRESS OF THE IMPORTER
Instructions: Use the complete name and mailing address of the importer. Contact your Veterinary Services area office for information regarding the Federal Information Processing Standards country codes.

Block 4: QUANTITY/UNIT
Instructions: List eggs as dozens or hatched poultry as individuals.

Block 5: VARIETY, STRAIN OR TRADE NAME
Instructions: This information may be obtained from the exporter.

Block 6: PRODUCT
Instructions: Self-explanatory.

Block 7: SEX
Instructions: Male, Female, or Straight run. Straight run means that the sex is unknown (the birds have not been sexed).

Block 8: TYPE
Instructions: The intended use of the poultry or poultry products.

Block 9: NPIP APPROVAL
Instructions: Fill in the appropriate number.

Block 10: NPIP CLASSIFICATION
Instructions: Self-explanatory.

Block 11: TOTAL NUMBER OF UNITS CERTIFIED FOR EXPORT
Instructions: Add either in dozens for eggs or individual numbers for hatched poultry.

Block 12: CERTIFICATION
Instructions: Check the appropriate box.

Block 13: REMARKS
Instructions: Make additional remarks here if necessary.

Blocks 14 and 15: NAME OF ISSUING VETERINARIAN
Instructions: Sign the form only after it is completed.

Block 16: STATUS
Instructions: This certificate is official only if it is signed by an accredited, State, or Federal veterinarian.

Block 17: DATE ISSUED
Instructions: Self-explanatory.

Block 18: SIGNATURE OF THE ENDORSING FEDERAL VETERINARIAN
Instructions: Check with the Federal Area Veterinarian-in-Charge to fulfill this requirement.

Block 19: DATE ENDORSED
Instructions: To be completed by the Federal Area Veterinarian-in-Charge.

The certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided

FORM APPROVED - OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

# UNITED STATES ORIGIN HEALTH CERTIFICATE

*(This Document does not replace Certificate of Inspection of Export Animals, VS Form 17-37).*

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*

2. CERTIFICATE NO. D180004

3. PAGE NO. 1 of

4. DATE ISSUED

5. U.S. PORT OF EMBARKATION *(City & State)*

6. STATE CODE

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*

8. CONSIGNOR'S CITY *(or Town)*

9. SEMEN *(Check if yes)* ☐

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS ☐
1 - Rail
2 - Truck
3 - Air
4 - Ocean

12. CONSIGNOR'S STATE

13. STATE CODE

14. ZIP CODE

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*

DESTINATION COUNTRY

ENTER CODE

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING
48 HRS ☐ 72 HRS ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

*If more lines needed below - use VS Form 17 - 140A.*

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code (FIPS code on reverse)&zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION *(Instructions for columns A, B, C & D on reverse)*

CERTIFIED BRUCELLOSIS FREE AREA

| 17. FARM ORIGIN | ID NO. OR DESCRIPTION A | AGE B | SEX C | BREED D | ✓ E | DATE F | ✓ G | DATE H | VAC. I | 1/25 J | 1/50 K | 1/100 L | DISEASE / TYPE TEST / DATE M | DISEASE / TYPE TEST / DATE N | DISEASE / TYPE TEST / DATE O |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

*This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto, the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.*

19. DATE ENDORSED

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*

21. STATUS
☐ 1 State ☐ 2 Federal ☐ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)*
*(Include No. from all attached VS Forms 17-140A)*

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET *(Type, print or stamp)*

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140
(OCT 91)

Previous editions may be used.

**ISSUING VETERINARIAN**

Public reporting burden for this collection of information is estimated to average .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Agriculture. Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington. D.C. 20503

## INSTRUCTIONS FOR COMPLETING VS FORM 17-140, UNITED STATES ORIGIN HEALTH CERTIFICATE AND VS FORM 17-140A, CONTINUATION SHEET FOR UNITED STATES ORIGIN HEALTH CERTIFICATE

Use a separate form for each Species. If additional lines are needed, use as many VS Forms 17-140A, Continuation Sheet for United States Origin Health Certificate, as needed. If more copies of this certificate are needed, duplicated copies may be made after endorsement, using any copy except the original. No additions, changes or deletions shall be made on this certificate unless initiated by the issuing, endorsing, or port veterinarian. (A double ruled line shall be used to delete animals not being shipped.)

1. Self explanatory.
2. **CERTIFICATE NO.** - The imprinted certificate no. on the Certificate shall not be altered or crossed out, and all copies covering the same Species shall carry the same unaltered certificate no. Insert this no. on all VS Forms 17-140A used.
3. **PAGE NO.** - Show total number pages in the shipment on each sheet, (i.e., a shipment which would use one VS Form 17-140 and two VS Form 17-140A would be numbered: "Page 1 of 3; Page 2 of 3; and Page 3 of 3).
4. **DATE ISSUED** - The date the veterinary inspection is completed.
5. **U.S. PORT OF EMBARKATION** - The point of loading for export.
6. **STATE CODE** — See FIPS state codes below.
7. Self explanatory.
8. Self explanatory.
9. **SEMEN** - Check if Semen, but be certain to give the Species in Item 15.
10. Self explanatory.
11. Self explanatory.
12. Self explanatory.
13. **STATE CODE** - See FIPS state codes below.
14. Self explanatory.
15. **SPECIES** - (Check of Specify) - A separate certificate must be used for each species.
16. Enter name and address of consignee and FIPS country code.
17. Self explanatory. (FIPS State Codes Below)
18. **A - ID NO. OR DESCRIPTION** - Show the complete ear tag or tattoo no.
    **B - AGE** - Age measured in months.
    **C - SEX** - M-Male F-Female N-Neuter

## 18D—BREEDS

### BOVINE

- AN - Aberdeen Angus
- AB - Abondance
- AF - Afrokander
- AY - Ayrshire
- BA - Barzona
- BE - Beefalo
- BF - Beef Friesian
- BM - Beef Master
- BB - Belgium Blue
- BG - Belter Galloway
- BD - Blonde D'Aquitaine
- BO - Braford
- BR - Brahman
- BH - Brahmental
- BN - Brangus
- BU - Braunvieh
- SB - Brown Swiss *(beef)*
- BS - Brown Swiss *(dairy)*
- CP - Campine Red Pied
- CN - Canadienne
- CB - Charbray
- CH - Charolais
- CA - Chianina
- DB - Danish Black and White
- DJ - Danish Jersey
- RW - Danish Red and White
- DE - Devon
- DR - Dexter
- FP - East Flemish Red Pied
- ER - Eringer
- FA - Flamand
- FL - Fleckvieh
- FR - Fribourg
- FB - Friesian *(Belgium)*
- DF - Friesian *(Dutch)*
- GA - Galloway *(beef)*
- GD - Galloway *(dairy)*
- GS - Gascone
- GV - Gelbvieh
- GR - Groninger
- GU - Guernsey
- HC - Hays Converter
- HH - Hereford *(horned)*
- HP - Hereford *(polled)*
- SH - Highland *(Scotch Highland)*
- HO - Holstein
- HY - Hybrid *(Alberta Hybrid)*
- JE - Jersey
- KB - Kobe *(Wagyu)*
- LU - Luing
- LM - Limousin
- LR - Lincoln Red
- MA - Maine-Anjou
- MR - Marchigiana
- ME - Maremmana
- MI - Meuse-Rhine-Ijessel
- MO - Montbeliard
- MG - Murray Grey
- NM - Normandie
- NR - Norwegian Red
- PA - Parthenais
- PI - Piedmont
- PR - Pie Rouge
- PZ - Pinzgauer
- RA - Ranger
- AR - Red Angus
- RB - Red Brangus
- RD - Red Dane *(Red Danish, Danish Red)*
- WW - Red Holstein
- RP - Red Poll
- RN - Romagnola
- RO - Rotbunte
- AS - Salers
- SG - Santa Gertrudis
- MS - Shorthorn *(milking)*
- SS - Shorthorn *(beef-Scotch)*
- SP - Shorthorn *(polled)*
- IS - Shorthorn *(Illawarra)*
- SM - Simmental
- DS - South Devon
- SX - Sussex
- TA - Tarentaise
- TG - Tasmanian Grey
- TL - Texas Longhorn
- WB - Welsh Black
- WF - West Flemish Red
- XX - Crossbreds

### PORCINE

- YO - Yorkshire
- LA - Landrace
- HA - Hampshire
- DU - Durec
- LC - Lacombe
- PC - Poland China
- BK - Birkshire
- SO - Spotted
- CW - Chester White
- PE - Pietrain
- TM - Tamworth
- WS - Wessex Saddleback
- LW - Large White *(British)*
- LB - Large Black *(British)*

### CAPRINE

- AL - Alpine
- AG - Angora
- LN - La Mancha
- NU - Nubian
- TO - Toggenburg

### OVINE

- BC - Border Cheviot
- CO - Columbia
- CR - Corriedale
- DO - Dorset
- FN - Finnish Landrace
- HA - Hampshire
- LE - Leicester
- LI - Lincoln
- MT - Montadale
- NC - N. Country Cheviot
- OX - Oxford
- RA - Rambouillet
- RM - Romnelet
- SB - Scottish Blackface
- SR - Shropshire
- ST - Southdown
- SU - Suffolk

### EQUINE

- AS - American Saddlebred
- AP - Appalosa
- AB - Arabian
- BL - Belgian
- CL - Clydesdale
- HA - Hackney *(Horse)*
- HK - Hackney *(Pony)*
- HU - Hunter
- MN - Morgan
- PL - Palomino
- PE - Percheron
- PN - Pinto
- QH - Quarter Horse
- SE - Shetland
- SI - Shire
- SN - Standardbred
- SF - Suffolk Punch
- TW - Tennessee Walking
- TH - Thoroughbred
- WE - Welsh

## COLUMNS E-O

| E, F, G, H, - Self Explanatory | I-VAC - Use "OV" official vaccinates, or vaccination date when required by country of destination | J, K, L - Show Negative in highest Titer required. | M, N, O - Self Explanatory |
|---|---|---|---|

### FIPS STATE CODES (Items 6, 13 & 17)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 - Alabama | 06 - California | 11 - Dist of Columbia | 16 - Idaho | 20 - Kansas | 24 - Maryland | 28 - Mississippi | 32 - Nevada | 36 - New York | 40 - Oklahoma | 44 - R. I. | 48 - Texas |
| 02 - Alaska | 08 - Colorado | 12 - Florida | 17 - Illinois | 21 - Kentucky | 25 - Mass. | 29 - Missouri | 33 - N. H. | 37 - N.C. | 41 - Oregon | 45 - S. C. | 49 - Utah |
| 04 - Arizona | 09 - Connecticut | 13 - Georgia | 18 - Indiana | 22 - Louisiana | 26 - Michigan | 30 - Montana | 34 - N. J | 38 - N. Dak. | 42 - Pennsylvania | 46 - S. Dak. | 50 - Vermont |
| 05 - Arkansas | 10 - Delaware | 15 - Hawaii | 19 - Iowa | 23 - Maine | 27 - Minnesota | 31 - Nebraska | 35 - N Mex. | 39 - Ohio | 43 - P. R. | 47 - Tennessee | 51 - Virginia |
| | | | | | | | | | | | 52 - Virgin Island |
| | | | | | | | | | | | 53 - Wash. |
| | | | | | | | | | | | 54 - W. Virginia |
| | | | | | | | | | | | 55 - Wisconsin |
| | | | | | | | | | | | 56 - Wyoming |

☆ U.S. GOVERNMENT PRINTING OFFICE 1989-236-814

**READ INSTRUCTIONS FROM VS FORM 17-140**

*This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB NO. 0579-0020*

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

**CONTINUATION SHEET FOR**

**UNITED STATES ORIGIN HEALTH CERTIFICATE**

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. _____ OF

16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING — 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, or business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ↓ — CERTIFIED BRUCELLOSIS FREE AREA ↓

18. INDIVIDUAL IDENTIFICATION

| ID NO. OR DESCRIPTION A | AGE B | SEX C | BREED D | ✓ E | DATE F | ✓ G | DATE H | VAC. I | 1/25 J | 1/50 K | 1/100 L | DISEASE / TYPE TEST / DATE M | DISEASE / TYPE TEST / DATE N | DISEASE / TYPE TEST / DATE O |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

VS FORM 17-140A (MAY 89) *Previous edition may be used.*

PART 5 - ISSUING VETERINARIAN

**VS Form 17-140**
**U.S. Origin Health Certificate**
**VS Form 17-140A**
**U.S. Origin Health Certificate,[1] Continuation Sheet**

Block 1: CONSIGNOR'S NAME
Instructions: Enter the name of the exporter. This entry may be a person's name or the name of a company.

Block 2: CERTIFICATE NUMBER
Instructions: Not applicable.

Block 3: PAGE NUMBER
Instructions: Enter the total number of pages, including continuation sheets.

Block 4: DATE ISSUED
Instructions: Enter the date that you last examined the animal(s) for export. In most instances, this date is the day that you drew samples, read tests, or performed vaccinations or any treatments.

Block 5: U.S. PORT OF EMBARKATION
Instructions: Enter the point at which the animal(s) will leave the United States. Do not enter the originating State of the animal.

Block 6: STATE CODE
Instructions: Enter the port of embarkation State code. These codes are listed on the reverse side of VS Form 17-140.

Blocks 7 and 8: CONSIGNOR'S STREET ADDRESS, CONSIGNOR'S CITY
Instructions: Enter the complete mailing address of the consignor. This address must be an address within the United States.

Block 9: SEMEN
Instructions: Mark this box if VS Form 17-140 is for semen. Be sure also to mark the species in block 15.

Block 10: NO. DOSES OF SEMEN
Instructions: Self-explanatory.

Block 11: TRANSPORTATION CLASS
Instructions: Enter how the animal is traveling out of the United States.

Blocks 12, 13, and 14: CONSIGNOR'S STATE, STATE CODE, ZIP CODE
Instructions: Self-explanatory. (Federal Information Processing Standards State codes are listed on the reverse side of VS Form 17-140.)

Block 15: SPECIES
Instructions: Mark the appropriate box. Only one species can be listed per form; use VS Form 17-6 for poultry.

Block 16: CONSIGNEE'S NAME AND STREET ADDRESS
Instructions: Enter the name and mailing address of the individual or firm that will be importing the animal. This address must be a foreign address. The code is the Federal Information Processing Standards country code. If you do not know the code, leave blank.

Block 17: FARM ORIGIN
Instructions: Enter the farm or premises where the animal(s) intended for export have been raised, assembled, or both immediately before movement for export. This location is the State in which the health certificate is endorsed. The name and address must be complete.

Block 18: INDIVIDUAL IDENTIFICATION

Item A: ID NO. OR DESCRIPTION
Instructions: For cattle, record all official identification tags (i.e., metal eartag and tattoo). For horses, a unique physical description is required. Indicate color markings, whorls, cowlicks, and scars on VS Form 17-140. If a legible tattoo is present, the tattoo must be listed on VS Form 17-140. The same identification procedures must be indicated on the equine infectious anemia test chart. For other species, record any identification present and/or a unique physical description.

Item B: AGE
Instructions: Record in months. Also include birthdate, if known.

Item C: SEX
Instructions: Report as M (male), F (female), or N (neuter).

Item D: BREED
Instructions: Codes are listed on the reverse side of VS Form 17-140.

Item E: MODIFIED ACCREDITED AREA (TB)
Instructions: Check if the farm of origin is in a modified accredited area (TB).

Item F: DATE
Instructions: Enter the date that the TB injection was read.

Item G: CERTIFIED BRUCELLOSIS-FREE AREA
Instructions: Check if the farm of origin is in a certified brucellosis-free area.

Item H: DATE
Instructions: Enter the date that blood was drawn for the brucellosis test.

Item I: VAC.
Instructions: Enter "OV" for official vaccinates or date of vaccination if required by country of destination. APHIS also recommends that you list the date the vaccine was administered, the manufacturer, expiration date, and vaccine type (killed, live).

Items J, K, and L: 1/25, 1/50, 1/100
Instructions: Enter an N in the highest titer required. Enter I for incomplete or P for positive, if needed. In most instances, incomplete does not equal negative.

Items M, N, and O: DATE
Instructions: List the disease tested for and the type of test performed (e.g., piroplasmosis-CF 1:5). Use the correct type of test. The test date is the date that the samples were collected. List the laboratory that performed the test(s). If you run out of columns for test results, fill in the appropriate information in the space below the animal's identification and other test information. If certification statements are required, add them after all animal and test information. Use VS Form 17-140A (Continuation Sheet) as needed.

Block 19: DATE ENDORSED
Instructions: Leave blank. This date is the date that the certificate is endorsed by the Federal Veterinarian.

Block 20: NAME OF ISSUING VETERINARIAN
Instructions: Print your name legibly. If there is a problem with VS Form 17-140 and your name is illegible, the Federal office has no way of contacting you, resulting in delays in the endorsement of VS Form 17-140.

Block 21: STATUS
Instructions: Mark the appropriate box.

Block 22: TOTAL NUMBER OF ANIMALS
Instructions: Enter the number of animals listed on VS Form 17-140, including all those listed on continuation sheets.

Blocks 23 and 24: SIGNATURE AND NAME OF ENDORSING FEDERAL VET
Instructions: Leave blank. These blocks are for USDA use.

Block 25: SIGNATURE OF ISSUING VETERINARIAN
Instructions: Sign in ink. Rubber stamp signatures are not acceptable. VS Form 17-140 will not be endorsed if it has not been signed.

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[1]Complete VS Form 17-140A per the instructions for VS Form 17-140 except enter the certificate number from VS Form 17-140 (block 2); do not use a new number. All continuation sheets must be signed and dated by the accredited veterinarian.

## U.S. Origin Health Certificate for the Export of Horses from the United States to Canada

☐ **PERMANENT EXPORT** ☐ **TEMPORARY EXPORT** ( * NOTE BELOW)

Name and address of consignor _____

Name and address of place of origin _____

Name and address of consignee _____

**Certification Statements**

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto;

**Either** (Check Appropriate Box)

☐ 2. The animal has resided in the United States or Canada since birth;

*or*

☐ 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

*or*

☐ 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at _____ (Name of Laboratory) on a blood sample drawn on _____ (Date) by me or Dr. _____ (Name of the Accredited Veterinarian) of _____ (State)

Laboratory accession number_____

**Health Certificate Number:** _____

**Issuing Veterinarian**

(Signature) _____

(Name Type or Print) _____

(Date) _____

** Health Certificate valid for 30 days from the date of issuance (note below)

**Endorsing Federal Veterinarian**

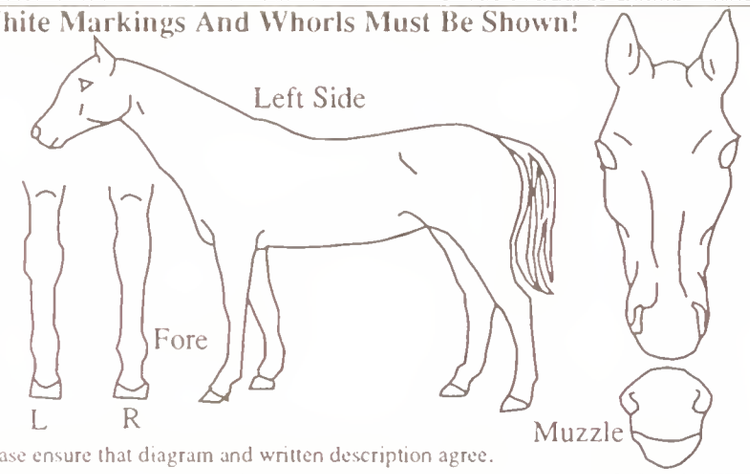
(Signature & Seal) _____

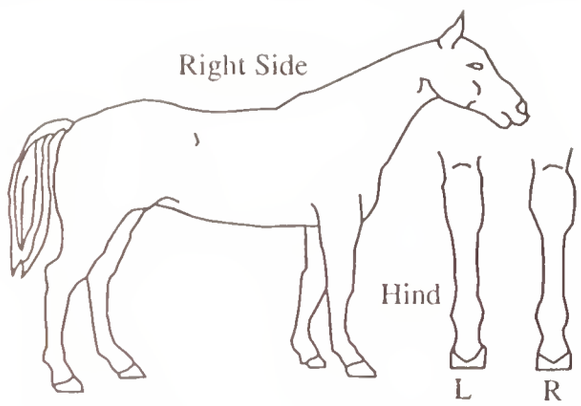
(Name) _____

(Date) _____

(Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number)

**White Markings And Whorls Must Be Shown!**




Please ensure that diagram and written description agree.

| Name | Breed | Age | Color | Sex |
|---|---|---|---|---|
| | | | | |

Written Description:

Head

Body

Acquired Marks (scars, tattoos, etc.)

Limbs LF:

RF:

LH:

RH:

**Instructions:** Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->) Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

*NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

**NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

**U.S. Origin Health Certificate for the Export of Horses From the United States to Canada**

NAME AND ADDRESS OF CONSIGNOR: Fill in the complete name and address of the owner or consignor of the horse.

NAME AND ADDRESS OF THE PLACE OF ORIGIN: Fill in the complete name and address of the farm in the United States where the horse was examined by an accredited veterinarian.

NAME AND ADDRESS OF THE CONSIGNEE: Fill in the complete name and address of the final destination in Canada.

Item 1: This statement must be true for each animal; the animal must be inspected within 30 days of export.

Item 2, 3, or 4: Check the appropriate box.

Item 5: Self-explanatory.

ISSUING VETERINARIAN: Complete name and address of the issuing veterinarian. Print legibly or type—an illegible name and address may result in delays in processing the certificate. The signature must be the original and must be in ink. Xerox copy signatures are not acceptable. The date is the date the issuing veterinarian last examined the animal.

HEALTH CERTIFICATE NUMBER AND ENDORSING FEDERAL VETERINARIAN: Leave this area blank. It will be completed by the Veterinary Services area office.

DIAGRAM AND WRITTEN DESCRIPTION: These descriptions must agree with each other and also with the Coggins test certificate (VS Form 10-11). The original Coggins test certificate **must** be submitted with the U.S. Origin Health Certificate for the Export of Horses to Canada to the Veterinary Services area office. The Coggins test is valid for 6 months (from the date the sample is drawn to the date the animal enters Canada). Please be as accurate in your description of the horse as possible. Should there be no markings, please state "NO MARKINGS." If there are no white markings, be sure to note any scars and/or whorls.

Each animal must have its own certificate. **This includes nursing foals.** If a nursing foal is shipped, you must include the following statement below Item 5: "Coggins not required, nursing foal, under 5 months, accompanying the mare (name of mare).

The exporter must furnish four copies of the U.S. Origin Health Certificate for the Export of Horses to Canada for USDA endorsement. The original and two copies will accompany the shipment, and the fourth copy is for the Veterinary Services area office. Carbon copy signatures **are** acceptable, but xerox signatures are not. Therefore, if you do not use carbon paper, you must make your xerox copies **before** you sign the form and then sign all four forms in ink.

VS Form 17-140 should be used only for horses going to Canada for immediate slaughter.

YOU ARE MAKING 6 COPIES - PRESS HARD OR TYPE

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 USC 2143; 9 CFR, Subchapter A, Part 2). (See reverse for additional OMB statement.)

FORM APPROVED
OMB NO. 0579-0036

APHIS Form 7001

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

**WARNING** Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

1 TYPE OF ANIMAL SHIPPED
☐ Dog ☐ Cat ☐ Other
☐ Nonhuman Primate

CERTIFICATE NUMBER

2 TOTAL NUMBER OF ANIMALS

PAGE

3 NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR

USDA Licence/or Registration No. (if applicable)

Telephone

4 NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE

USDA Licence or Registration No. (if applicable)

Telephone

5. ANIMAL IDENTIFICATION *(To be completed by owner/consignor)*

| COMPLETE USDA TAG, COLLAR AND/OR TATTOO NUMBER | BREED - COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

6 VACCINATION HISTORY *(To be completed by veterinarian)*

attach original signature rabies certificate here →

| RABIES ☐ Killed Virus ☐ Live Virus | | D·H·L | | OTHER VACCINATIONS, TESTS OR TREATMENT | |
|---|---|---|---|---|---|
| Date | Product | Date | Product | Date | Type·Result |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

OWNER/CONSIGNOR CERTIFICATION. I certify that the information concerning the animals described above in Item 5 is true and correct, and that I am the owner consignor of such described animals and that I have physical and legal custody of such animals.

SIGNATURE

DATE

ENDORSEMENT FOR INTERNATIONAL EXPORT (WARNING: International shipments require certification by an accredited veterinarian. States may also require such certification)

*Apply USDA Seal or stamp here*

SIGNATURE OF USDA VETERINARIAN

DATE

VETERINARY CERTIFICATION. I certify that the animals described in Item 5 have been examined by me this date, that the information provided in Item 6 is true and accurate to the best of my knowledge; and that the following findings have been made. "X" applicable statements.

☐ I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

☐ I certify that the animals described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of physical abnormalities which would endanger the animal.

☐ To my knowledge, the animals described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.

☐ I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge, acclimated to air temperatures lower than 7.2°C (45°F).

NAME, ADDRESS AND TELEPHONE NUMBER

Telephone

LICENSE NO.

Accredited ☐ Yes ☐ No

LICENSING STATE

SIGNATURE

DATE

APHIS FORM 7001 (NOV 91) Replaces VS Form 18-1 (MAR 89) which may be used

This certificate is valid for 30 days after issuance. PART 6 - STATE VETERINARIAN AT STATE OF ORIGIN

YOU ARE MAKING 6 COPIES - PRESS HARD OR TYPE

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 USC 2143; 9 CFR, Subchapter A, Part 2).

FORM APPROVED
OMB NO. 0579-0068

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

*(Continuation Sheet)*

1. CERTIFICATE NUMBER
*(Insert certificate no. from page 1)*

2. PAGE
..... OF .....

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE

5. **ANIMAL IDENTIFICATION** *(To be completed by owner/consignor)*

6. **VACCINATION HISTORY** *(To be completed by veterinarian)* attach original signature rabies certificate here →

| COMPLETE USDA TAG, COLLAR AND/OR TATTOO NUMBER | BREED - COMMON OR SCIENTIFIC NAME | AGE | SEX | COLOR OR DISTINCTIVE MARKS | RABIES ☐ Killed Virus ☐ Live Virus | | D-H-L | | OTHER VACCINATIONS, TESTS OR TREATMENT | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Date | Product | Date | Product | Date | Type/Result |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| (29) | | | | | | | | | | |
| (30) | | | | | | | | | | |
| (31) | | | | | | | | | | |

VS FORM 18-1A
(MAY 85)

**APHIS Form 7001**
**U.S. Interstate and International Certificate of Health Examination for Small Animals**

Block 1: TYPE OF ANIMAL SHIPPED
Instructions: Mark the appropriate box.

Block 2: TOTAL NUMBER OF ANIMALS, PAGE
Instructions: Enter the total number of animals to be included on this form. List the number of pages (e.g., 1 of 1, 2 of 3).

**VS Form 18-1A**
**U.S. Interstate and International Certificate of Health Examination for Small Animals,[1] Continution Sheet**

Block 3: NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER/CONSIGNOR
Instructions: Enter an address within the United States. If the person listed is a registered breeder, exhibitor, or dealer, he or she will have a USDA license or registration number. List this number in the box as well.

Block 4: NAME, ADDRESS, AND TELEPHONE NUMBER OF CONSIGNEE
Instructions: This address may be an overseas address. Include USDA license or registration number, if applicable.

Block 5: ANIMAL IDENTIFICATION
Instructions: Complete in as much detail as possible for each animal in the shipment.

Block 6: VACCINATION HISTORY
Instructions: List all current vaccinations, tests, or treatments for each animal included in the shipment. A current rabies certificate (original signature copy) must accompany APHIS Form 7001.

Block 7: OWNER/CONSIGNOR CERTIFICATION
Instructions: Have the owner or consignor sign and date the form. This block needs to be completed before endorsement by the Veterinary Services area office for international shipments.

Block 8: VETERINARY CERTIFICATION
Instructions: Mark all appropriate boxes.

Block 9: NAME, ADDRESS, AND TELEPHONE NUMBER
Instructions: Print legibly your complete name, mailing address, and telephone number. If there is a question regarding the certificate and your name is illegible, it will not be possible for the Veterinary Services area office to contact you, which will result in delays in the processing of the certificate.

Block 10: LICENSE NO.
Instructions: Enter your license number and State in which you are licensed. Mark whether or not you are accredited in that State.

Block 11: SIGNATURE
Instructions: Sign and date the form. The form will not be processed if you do not sign and date it. The certificate is valid for 30 days after the issuance date, which is the date that you sign it.

Block 12: ENDORSEMENT FOR INTERNATIONAL EXPORT
Instructions: Leave this block blank. If the certificate is for international movement, send the completed form to the Federal area office in your State. It will be inspected for accuracy and completeness, signed, dated by the Area Veterinarian-in-Charge, and then sealed. The certificate will be returned to the owner or consignor unless otherwise requested. Your copy of the certificate will be returned to you after being endorsed by the Veterinary Services area office.

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[1] Complete VS Form 18-1A per the instructions for APHIS Form 7001 except enter the certificate number from Form 7001 (Block 1); do not enter a new number. All continuation sheets must be signed and dated by an accredited veterinarian.

*Appendix B*
## APHIS Veterinary Services' Area Offices

**Alabama**
(205) 223-7141

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 70429
Montgomery, AL 36107

**Alaska**
(206) 753-9430

Area Veterinarian-in-Charge
USDA, APHIS, VS
2604 12th Court, SW.
Olympia, WA 98502

**Arizona**
(602) 379-3391

Area Veterinarian-in-Charge
USDA, APHIS, VS
4625 S. Wendler, Suite 206
Tempe, AZ 85282

**Arkansas**
(501) 378-5254

Area Veterinarian-in-Charge
USDA, APHIS, VS
900 S. Shackleford Rd.
Suite 100
Little Rock, AR 72211

**California**
(916) 551-3200

Area Veterinarian-in-Charge
USDA, APHIS, VS
9580 Micron Ave., Suite E
Sacramento, CA 95827

**Colorado**
(303) 784-6229

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 3857
Englewood, CO 80155

**Florida**
(904) 377-5632

Area Veterinarian-in-Charge
USDA, APHIS, VS
207 NW. 23d Avenue
Gainesville, FL 32609

**Georgia**
(404) 922-7860

Area Veterinarian-in-Charge
USDA, APHIS, VS
1500 Klondike Rd., Suite A-101
Conyers, GA 30207

**Hawaii**
(808) 541-2803

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 50001
Honolulu, HI 96813

| | |
|---|---|
| **Idaho**<br>(208) 375-0389 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>7261 Franklin Road<br>Boise, ID 83709-0926 |
| **Illinois**<br>(217) 492-4104 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>614 East Carpenter Street<br>Springfield, IL 62702 |
| **Indiana**<br>(317) 290-3300 | Area Veterinarian-in- Charge<br>USDA, APHIS, VS<br>5969 Lakeside Blvd., Suite A<br>Indianapolis, IN 46278-1996 |
| **Iowa**<br>(515) 284-4140 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>Federal Building, Rm. 891<br>210 Walnut Street<br>Des Moines, IA 50309 |
| **Kansas**<br>(913) 295-2840 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>444 S.E. Quincy, Rm. 136<br>Topeka, KS 66683 |
| **Kentucky**<br>(502) 227-9651 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>643 Comanche Trail<br>Frankfort, KY 40601 |
| **Louisiana**<br>(504) 389-0436 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>P.O. Box 1391<br>Baton Rouge, LA 70806 |
| **Maryland**<br>(410) 962-7726 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>2568-A Riva Road, 2d Floor<br>Annapolis, MD 21401 |
| **Massachusetts**<br>(508) 865-1421 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>176 Providence Worcester Road<br>Sutton, MA 01590 |

**Michigan**
(517) 694-7410

Area Veterinarian-in-Charge
USDA, APHIS, VS
Delhi Commerce Center
2450 Delhi Commerce Drive
Suite 4
Holt, MI 48842

**Minnesota**
(612) 290-3691

Area Veterinarian-in-Charge
USDA, APHIS, VS
251 Starkey Street
Suite 229, Bolander Bldg.
St. Paul, MN 55107

**Mississippi**
(601) 965-4307

Area Veterinarian-in-Charge
USDA, APHIS, VS
345 Keway Street
Jackson, MS 39208

**Missouri**
(314) 636-3116

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 104418
Jefferson City, MO 65110-4418

**Montana**
(406) 449-5407

Area Veterinarian-in-Charge
USDA, APHIS, VS
Capitol Station, 6th & Roberts
Helena, MT 59620

**Nebraska**
(402) 434-2300

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 81866
Lincoln, NE 68501

**Nevada**
(702) 784-5414

Area Veterinarian-in-Charge
USDA, APHIS, VS
2550 S. Wells Ave., Suite 100
Reno, NV 89502

**New Jersey**
(609) 989-2255

Area Veterinarian-in-Charge
USDA, APHIS, VS
2333 Whitehorse-Mercerville Rd., Suite A
Trenton, NJ 08619

**New Mexico**
(505) 766-2573

Area Veterinarian-in-Charge
USDA, APHIS, VS
517 Gold Avenue, SW.
Room 4030, Federal Building
Albuquerque, NM 87102

**New York**
(518) 464-6240

Area Veterinarian-in-Charge
USDA, APHIS, VS
5 Washington Square
Washington Avenue Extension
Albany, NY 12205

**North Carolina**
(919) 856-4170

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 27048
Raleigh, NC 27601

**North Dakota**
(701) 250-4210

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 639
Bismark, ND 58502

**Ohio**
(614) 469-5602

Area Veterinarian-in-Charge
USDA, APHIS, VS
12927 Stonecreek Drive
Pickerington, OH 43147

**Oklahoma**
(405) 231-4335

Area Veterinarian-in-Charge
USDA, APHIS, VS
A.P. Murrah Federal Bldg. Room 566
200 N.W. 5th Street
Oklahoma City, OK 73102

**Oregon**
(503) 399-5871

Area Veterinarian-in-Charge
USDA, APHIS, VS
530 Center St., NE., Suite 335
Salem, OR 93701

**Pennsylvannia**
(717) 782-3442

Area Veterinarian-in-Charge
USDA, APHIS, VS
2301 N. Cameron Street, Room 412
Harrisburg, PA 17110

**Puerto Rico**
(809) 729-6896

Area Veterinarian-in-Charge
USDA, APHIS, VS
G.P.O. Call Box 71355
San Juan, PR 00936

**South Carolina**
(803) 765-5612

Area Veterinarian-in-Charge
USDA, APHIS, VS
1835 Assembly St., Rm. 561
Columbia, SC 29201-2430

**South Dakota**
(605) 224-6186

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 640
Pierre, SD 57501

**Tennessee**
(615) 781-5310

Area Veterinarian-in-Charge
USDA, APHIS, VS
P.O. Box 110950
Nashville, TN 37222

**Texas**
(512) 482-5551

Area Veterinarian-in-Charge
USDA, APHIS, VS
611 East 6th St., Rm. 200
Austin, TX 78701

**Utah**
(801) 524-5010

Area Veterinarian-in-Charge
USDA, APHIS, VS
176 N. 2200 W.
Airport Park, Bldg. #4
Salt Lake City, UT 84116

**Virginia**
(804) 771-2774

Area Veterinarian-in-Charge
USDA, APHIS, VS
Washington Building, 6th Floor
1100 Bank Street
Richmond, VA 23219

**Washington**
(206) 753-9430

Area Veterinarian-in-Charge
USDA, APHIS, VS
2604 12th Court, SW.
Olympia, WA 98502

| | |
|---|---|
| **West Virginia**<br>(304) 345-5725 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>4720 Brenda Lane<br>Building 5<br>Charlestown, WV 25312 |
| **Wisconsin**<br>(608) 264-5208 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>6661 Odana Road<br>Madison, WI 53719 |
| **Wyoming**<br>(307) 772-2186 | Area Veterinarian-in-Charge<br>USDA, APHIS, VS<br>2617 East Lincoln Way, Suite C<br>Cheyenne, WY 82001 |

## Appendix C
## *State Veterinarians*

**Alabama**
(205) 242-2647

State Veterinarian and Director
Department of Agriculture and Industries
P.O. Box 3336
Montgomery, AL 36193

**Alaska**
(907) 745-3236

State Veterinarian
500 South Alaska Street
Suite A
Palmer, AK 99645

**Arizona**
(602) 542-4293

State Veterinarian
1688 West Adams
Room 321
Phoenix, AZ 85007

**Arkansas**
(501) 225-5138

Director
Livestock and Poultry Commission
No. 1 Natural Resources Drive
Little Rock, AR 72215

**California**
(916) 445-4191
FAX: (916) 323-3169

State Veterinarian and Assistant Director
Division of Animal Industry
Department of Food and Agriculture
1220 "N" Street, Room A-114
Sacramento, CA 95814

**Colorado**
(303) 866-2828
FAX: (303) 866-4073

State Veterinarian
406 State Services Building
1525 Sherman Street
Denver, CO 80203

**Connecticut**
(203) 566-4616
FAX: (203) 566-6094

Department of Agriculture
State Office Building, Room 287
165 Capitol Avenue
Hartford, CT 06115

**Delaware**
(302) 736-4811
FAX: (302) 697-6287

State Veterinarian
State of Delaware
Department of Agriculture
2320 South DuPont Highway
Dover, DE 19901

**Florida**
(904) 488-7771
FAX: (904) 487-3641

State Veterinarian and Director
Division of Animal Industry
Florida Department of Agriculture and
Consumer Services
Room 328, Mayo Building
Tallahassee, FL 32399-0800

**Georgia**
(404) 656-3671

State Veterinarian
Georgia Department of Agriculture
Capitol Square
Atlanta, GA 30334

**Hawaii**
(808) 487-5765
FAX: (808) 548-6100

State Veterinarian and Administrator
Division of Animal Industry
Department of Agriculture
99-762 Moanalua Road
Aiea, HI 96701

**Idaho**
(208) 334-3256
FAX: (208) 334-2170

Administrator
Division of Animal Industries
P.O. Box 7249
Boise, ID 83707-3256

**Illinois**
(217) 782-4944

Superintendent
Division of Animal Industries
P.O. Box 19281, State Fairgrounds
Springfield, IL 62794-9281

**Indiana**
(317) 232-1344

State Veterinarian
805 Beachway Drive
Suite 50
Indianapolis, IN 46224

**Iowa**
(515) 281-5305

Chief
Bureau of Animal Industry
Iowa Department of Agriculture
Wallace Building
Des Moines, IA 50319

**Kansas**
(913) 296-2326

Livestock Commissioner
Animal Health Department
Anchor Savings Building
712 Kansas Avenue, Suite 4B
Topeka, KS 66603

**Kentucky**
(505) 885-7372

State Veterinarian
635 Comanche Trail
Frankfort, KY 40601

**Louisiana**
(504) 925-3980
FAX: (504) 922-1289

State Veterinarian
Office of Animal Health Services
Livestock Sanitary Board
P.O. Box 1951
Baton Rouge, LA 70821

**Maine**
(207) 289-3701
FAX: (207) 289-7548

Director
Division of Veterinary Services
Department of Agriculture
State House Station 28
Augusta, ME 04333

**Maryland**
(301) 841-5810
FAX: (301) 841-5914

Assistant Secretary
Animal Health and Consumer Services
50 Harry S Truman Parkway
Annapolis, MD 21401

**Massachusetts**
(617) 727-3018
FAX: (617) 727-7235

Director
Division of Animal Health
Leverett Saltonstall Building
100 Cambridge Street
Boston, MA 02202

**Michigan**
(517) 373-1077
FAX: (517) 373-9742

State Veterinarian and Director
Animal Industry Division
Michigan Department of Agriculture
P.O. Box 30017
Lansing, MI 48909

**Minnesota**
(612) 296-5000

Executive Secretary
State of Minnesota
Board of Animal Health
160 Agriculture Building
90 W. Plato Boulevard
St. Paul, MN 55107

**Mississippi**
(601) 354-6089

State Veterinarian and Director
Veterinary Diagnostic Laboratory
P.O. Box 4389
Jackson, MS 39296-4389

**Missouri**
(314) 751-3377
FAX: (314) 751-6919

State Veterinarian
Department of Agriculture
P.O. Box 630
Jefferson City, MO 65102

**Montana**
(406) 444-2043
FAX: (406) 449-5439

Montana State Department of Livestock
Animal Health Division
Capitol Station
Helena, MT 59620

**Nebraska**
(402) 471-2351
FAX: (402) 471-3252

State Veterinarian
Bureau of Animal Industry
P.O. Box 94787
Lincoln, NE 68509

**Nevada**
(702) 789-0180

Director
Division of Animal Industry
Nevada Department of Agriculture
P.O. Box 11100
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**Animal and Plant Health Inspection Service**

**9 CFR Parts 160, 161, and 162**

**[Docket No. 91-027-3]**

**Accreditation of Veterinarians**

**AGENCY:** Animal and Plant Health Inspection Service, USDA.

**ACTION:** Final rule.

**SUMMARY:** We are revising the regulations by which we accredit veterinarians and authorize them to perform, on behalf of the Animal and Plant Health Inspection Service, certain animal health activities. These changes establish accreditation on a national rather than a State basis, and also remove a test currently required for accredited veterinarians, require an orientation program for each newly accredited veterinarian, and specify standards for performance of certain services by accredited veterinarians. We are also revising procedures for suspending and revoking accredited veterinarian status, and adding language describing how civil and criminal penalties may be imposed on accredited veterinarians who violate regulatory requirements. These changes will help ensure that an adequate number of qualified accredited veterinarians are available in the United States to perform necessary animal health activities. These changes affect currently accredited veterinarians and future applicants for accredited veterinarian status.

**EFFECTIVE DATE:** Final rule effective November 23, 1992.

**FOR FURTHER INFORMATION CONTACT:** Dr. J.A. Heamon, Staff Veterinarian, Sheep, Goat, Equine, and Poultry Diseases Staff, VS, APHIS, USDA, room 700, Federal Building, 6505 Belcrest Road, Hyattsville, MD 20782, (301) 436-6954.

**SUPPLEMENTARY INFORMATION:**

**Background**

In accordance with 9 CFR parts 160, 161, and 162 (referred to below as the regulations), some veterinarians are accredited by the Federal government to cooperate with the Animal and Plant Health Inspection Service (APHIS) in controlling and preventing the spread of animal diseases throughout the country and internationally. Accredited veterinarians use their professional training in veterinary medicine to perform certain regulatory tasks.

APHIS is responsible for defining the scope of the accredited veterinarian program, providing information and education regarding the program to veterinary practitioners participating as accredited veterinarians, and providing information to cooperating State governments, international partners, and the public. In addition, APHIS is responsible for enforcement of the veterinary accreditation standards contained in the regulations.

Accredited veterinarians are involved in a cooperative relationship with APHIS for disease control and prevention. Licensed veterinarians are presumed to be medically competent; accreditation in addition to licensing indicates that the accredited veterinarian is able and authorized to perform various procedures of regulatory animal health.

State governments have a role in the accredited veterinarian program through licensing and disseminating information on the accredited veterinarian program to veterinary practitioners. States also have an advisory and consultative role in the adjudication process for accredited veterinarians who violate the standards of the regulations. However, the ultimate determination of the adjudicatory sanctions in such cases rests with the Federal Government.

On June 4, 1992, we published a proposed rule in the **Federal Register** (57 FR 23540-23548, Docket No. 91-027) to change the requirements for veterinarians becoming accredited, the standards for performance of duties by accredited veterinarians, the rules of practice governing revocation and suspension of accredited veterinarians, and some definitions. Comment were solicited on the proposal for a period of 30 days, ending July 6, 1992. This comment period was later extended until July 24, 1992, by a subsequent **Federal Register** notice (57 FR 30432-30433, Docket No. 91-027-2). Comments we received on the proposed rule, and changes made in response to them, are discussed below.

**Comments on the Proposed Rule**

*Comment:* Proposed Sec. 161.2(a)(1) calls for State Animal Health Officials (SAHO's) to review applications for accreditation that have been submitted to a Veterinarian-in-Charge. A footnote to this section indicates that by endorsing the application, the SAHO indicates that the applicant is licensed to practice veterinary medicine in that State. In many States, the SAHO is not the logical source of licensing information; instead, a State board of veterinary medical examiners or a similar body grants and revokes licenses and maintains records of licensed veterinarians. Confirmation of licensing should come from these organizations, not the SAHO. Alternatively, the applicant could be required to submit proof of licensing with the application form.

*Response:* We have reconsidered using endorsement of an application by the SAHO as certification that the applicant is licensed to practice veterinary medicine in the State. The footnote that is the subject of the comment has been dropped from the final rule. The Veterinarian-in-Charge who reviews the application will instead be responsible for confirming the licensing status of the applicant by contacting the State board of veterinary medical examiners or any other appropriate organization.

*Comment:* A SAHO is allowed only 14 days to review and endorse or object to an application for accreditation (Sec. 161.2(a)(1)). This period should be extended to at least 14 work days. The workload of many SAHO's and the amount of time they spend on duties away from the office necessitate increasing the review period.

*Response:* We think that most SAHO's will usually be able to complete their review of applications within 14 days. If a SAHO has occasional workload conflicts that prevent timely review, the SAHO can contact the Veterinarian- in-Charge to discuss extending the review period for particular applications. Therefore, we are not making any change in response to this comment.

*Comment:* The regulations should continue to require a written examination for applicants for accreditation. A written examination is the best away to ensure that applicants are able to perform the 16 tasks required of accredited veterinarians by Sec. 161.2(d). The examination could be updated annually to ensure it is a current and accurate indicator of needed skills.

*Response:* Giving the examination, grading it, and maintaining records of its results imposes a large burden on schools of veterinary medicine and APHIS. Updating the examination annually would consume additional resources. These burdens associated with

the examination are not balanced, in our opinion, by complementary benefits. We believe that the application review process will identify any deficiencies in applicant skills, which can then be remedied either through the orientation or by identifying other training the applicant needs to be able to perform the 16 tasks.

*Comment:* The proposed regulations delete all reference to duties performed by accredited veterinarians under the Horse Protection Act. While APHIS currently employs Federal Veterinary Medical Officers (VMO's) to conduct inspections at horse shows, limited resources may require APHIS to modify this practice in the future, so the regulations should continue to allow accredited veterinarians to perform Horse Protection Act duties.

*Response:* Currently there are no official duties for accredited veterinarians under the Horse Protection Act as there were at one time. Our regulations attempt to reflect current policies of APHIS, and are changed when those policies change. If at some time in the future accredited veterinarians again play a significant role in performing official Horse Protection Act duties, we will propose to amend the regulations to reflect the change.

*Comment:* USDA VMO's should be required to attain accredited status before performing enforcement duties. It is inappropriate for USDA to apply a different set of standards for its own VMO's than it requires of private veterinarians.

*Response:* Federally employed VMO's must comply with standards set by Federal civil service statutes and agency employee training, development, and job performance guidelines that match or exceed the standards set for accredited veterinarians by the regulations. Therefore, we are not making any change in response to this comment.

*Comment:* The proposed regulations do not clearly state whether there is a "grandfather clause" for currently accredited veterinarians, or whether currently accredited veterinarians will have to re-apply for accreditation under the proposed new standards.

*Response:* Veterinarians who became accredited before the effective date of this rule will continue in their accredited status without having to reapply for accreditation.

*Comment:* In Secs. 161.2(a)(2)(ii) and 161.3, the requirement that an accredited veterinarian must be "licensed to practice veterinary medicine in the State in which the veterinarian wishes to perform accredited duties" could cause problems in States that offer reciprocal licensing agreements with other States. The text should read "licensed or legally able to practice veterinary medicine."

*Response:* We agree, and are changing the language in the final rule accordingly.

*Comment:* Section 161.2(b)(2)(iii) deals with how the Administrator will determine whether a veterinarian whose accreditation has been revoked should be reaccredited. Since State Animal Health Officials could have information bearing on this decision, the list of decisionmaking criteria should also include "Recommendations of the State Animal Health Official."

*Response:* This section lists types of information the Administrator would consider in making reaccreditation decisions, not the source of such information. In writing this section, we assumed that the SAHO would often provide the Veterinarian-in-Charge or the Administrator with recommendations and information relevant to reaccreditation decisions. To make this explicit, we are changing the language in Sec. 161.2(b)(2)(iii) that currently reads "In making this conclusion, the Administrator shall consider:" to read "In making this conclusion, the Administrator shall review all available information about the applicant, including recommendations of the State Animal Health Official, and shall consider:".

*Comment:* Veterinarians who are reaccredited in accordance with Sec. 161.2(b) after having their accreditation revoked should be in a probationary status for the first year following their reaccreditation.

*Response:* We do not believe that a probationary status is necessary in the veterinary accreditation program, in view of the fact that other procedures allow accreditation to be suspended or revoked with a minimum of formal procedures and delay. Probationary periods are most useful in situations where incumbents advance to a degree of tenure where it is extremely difficult to remove them; this does not occur in veterinary accreditation.

*Comment:* Proposed Sec. 161.2(b)(2)(ii) requires that if a veterinarian whose accreditation is revoked is later reaccredited, that veterinarian must undergo a reaccreditation orientation program that addresses the deficiencies that led to revocation of accreditation. However, the proposal does not require a similar orientation for veterinarians whose accreditation is suspended temporarily. If a veterinarian violates the standard sufficiently to warrant suspension, it would serve everyone's best interest to require that prior to resuming accredited duties the veterinarian receive additional education as a preventative measure against reoccurrence of the violations.

*Response:* We agree that requiring reorientation training would be a good idea in many suspension cases, particularly those cases in which relatively severe violations resulted in suspension for 6 months or more. Therefore, we are adding a sentence to Sec. 161.2(c) indicating that a veterinarian whose accreditation has been suspended for 6 months or more must complete a reaccreditation orientation program in accordance with Sec. 161.2(b)(ii) before accreditation will be reinstated.

*Comment:* There is considerable overlap between Sec. 161.2(d), which requires an applicant for accreditation to certify he or she is able to perform specified tasks, and Sec. 161.2(a)(iii), which lists topics to be covered during the orientation of a an accredited veterinarian, and Sec. 161.2(a)(2)(i), which requires an applicant for accreditation to hold a Doctor of Veterinary Medicine or equivalent degree. Many of the tasks listed in Sec. 161.2(d) and the orientation topics included in Sec. 161.2(a)(iii) are included in colleges of veterinary medicine. APHIS should not be placed in a position of attempting to dictate or certify curricular content, and it is important to distinguish the role of veterinary schools in providing professional education to veterinary students from the role of APHIS in ensuring that veterinary school graduates obtain the necessary additional skills in regulatory and Federal–State program operations required to perform accredited duties. APHIS should be responsible for determining which areas the applicants for accreditation have been adequately prepared for by their veterinary medical education, and the orientation program should be designed to provide instruction in additional topics and technical details of APHIS programs and requirements.

*Response:* We believe that APHIS and these commenters are in essential agreement about the preferred roles of APHIS, the schools of veterinary medicine, and the applicants in ensuring that applicants have the required skills to perform accredited duties. Our position is that APHIS should not dictate or approve curricular contents, but that upon request APHIS will cooperate

with schools to develop training modules that address the tasks of accredited veterinarians. Through this process APHIS will know what training in particular tasks is or is not typically provided to students in schools of veterinary medicine. APHIS will then be able to develop orientation programs, and perhaps additional training, for skills not addressed by the school curriculum. APHIS will determine directly from the applicant whether the applicant needs additional training to perform any of the 16 tasks listed in Sec. 161.2(d) and on the application form, and if necessary will work with the applicant to obtain training in missing skills.

*Comment:* In Sec. 161.2(d), paragraph 1 states that the applicant for accredited status must be able to "Perform physical examinations of individual animals, herds, or flocks to determine whether they are free from communicable diseases." This implied warranty of good health is beyond the scope of what can be determined by a physical examination, which cannot conclusively determine that animals are free from all communicable diseases. The text should read that the physical examination is to determine "whether the animals are free from any visible signs suggestive of communicable disease."

*Response:* We agree, and are changing the text of Sec. 161.2(d)(1) to read as follows: "(1) Perform physical examinations of individual animals, and visually examine herds or flocks, to determine whether the animals are free from any clinical signs suggestive of communicable disease;".

*Comment:* In the list of tasks applicants for accredited status should be able to perform (Sec. 161.2(d)), task 6 should be revised. It reads: "Certify the disease status of a poultry flock with regard to disease caused by *Salmonella enteritidis*, psittacosis or ornithosis, and velogenic viscerotropic Newcastle disease." This phrasing does not take into account that the disease status of poultry flocks is not usually determined by an isolated visit or examination by a veterinarian, but rather through continuing testing in the context of the National Poultry Improvement Program or equivalent State programs. The certification by the accredited veterinarian should be based on records of the flock's participation in such programs and on results of tests conducted under such programs.

*Response:* We agree. We intended that accredited veterinarians would certify poultry disease status using data from Federal and State poultry health programs, but did not make that point clearly in the text. We are changing Sec. 161.2(d)(6) to read "Certify the disease status of a poultry flock with regard to disease caused by *Salmonella enteritidis*, psittacosis or ornithosis, and velogenic viscerotropic Newcastle disease, by evaluating records of the flock's participation in and testing by Federal and State poultry health programs."

*Comment:* In Sec. 161.2(d), paragraph 16 states that the applicant for accredited status must be able to "Explain basic principles for control of diseases for which APHIS programs exist * * *". Many of the programs APHIS is involved in are cooperative programs mainly implemented by States, and this task should recognize the responsibility of accredited veterinarians to explain them.

*Response:* We agree, and are changing that language to read "APHIS or APHIS–State cooperative programs."

*Comment:* The provision in Sec. 161.3 to allow an authorized assistant to perform some accredited duties is inadvisable because it will hamper enforcement of program standards and will create liability on the part of the accredited veterinarian for activities performed by another person, who may not perform them properly.

Also, the authorized assistant proposal suggests that authorized assistants could be used to perform veterinary duties that many State laws require be performed only by licensed veterinarians.

Also, it is possible that some States may not honor certificates signed by an authorized assistant, and some foreign countries may not honor export certificates signed by an authorized assistant.

Also, if authorized assistants are allowed, their identity and the duties they are authorized to perform should be made known to the State Animal Health Official.

*Response:* We believe commenters have valid concerns about the use of authorized assistants, the possibility that some States or foreign governments may not accept signatures of authorized assistants, and the liability of accredited veterinarians for actions by their authorized assistants. We are deleting all language in the regulations that would have allowed use of authorized assistants.

*Comment:* The requirement in Sec. 161.3(a) that an accredited veterinarian must personally observe an animal within 24 hours prior to signing health documents concerning the animal is unworkable. Due to irregular schedules for moving animals and the fact that obtaining laboratory test results often takes 2 to 5 days, it is often impossible for accredited veterinarians to sign documents within 24 hours of observing the animal.

*Response:* We agree that requiring the veterinarian to observe an animal within 24 hours prior to signing a health document may impose an unworkably short time requirement. However, we also think it is important to keep the intervening period reasonably short, to assure the timeliness of the health certification. We are changing the time period from 24 hours to 7 days, a time period requested by several commenters.

*Comment:* In Sec. 161.3(e) the phrase "an accredited veterinarian shall identify or supervise the identification of reactor animals" could allow persons acting under instructions from an accredited veterinarian to tag or brand animals without the presence of the accredited veterinarian. The accredited veterinarian should be physically present to supervise identification of reactor animals.

*Response:* We agree, and are making the requested change to the language of Sec. 161.3(e).

*Comment:* The requirement in Sec. 161.3(i) that "An accredited veterinarian shall not use or dispense in any manner, any pharmaceutical, chemical, vaccine or serum, or other biological product authorized for use under any Federal regulation or cooperative disease eradication program, in contravention of any Federal or State statute or regulation * * * " places veterinarians in an unrealistic position. The present wording conflicts with permissive extra-label use of pharmaceuticals under the Food and Drug Administration's compliance policy guide, which addresses use of products to treat conditions for which labeled products are ineffective or unreliable. That accepted, permissive use is technically in violation of present legislation and would, therefore, be in violation of this provision of the accreditation regulations. The policy conflict should be resolved between Federal agencies with overlapping authority regarding pharmaceutical products, but in the meantime accredited veterinarians should not be encouraged by one agency to use products in appropriate conditions not covered by the label, and disciplined by another agency for doing so.

*Response:* The issue of dispensing products in accordance with label and other legal requirements is complex and

involves overlapping agency responsibilities, as the commenters noted. We hope that coordination among agencies will reduce confusion in this area and provide clear guidance without conflicts in the future. Some cases concerning whether use of a product is legal and appropriate will doubtless have to be settled on a case-by-case basis by the appropriate authorities. To ensure that accredited veterinarians are able to use products in a way consistent with the full context of applicable requirements, we are changing the language in Sec. 161.3(i) to read that accredited veterinarians shall not use or dispense such products "in contravention of applicable Federal or State statutes, regulations, and policies."

*Comment:* Section 161.3(k) permits any Veterinary Services veterinarian to allow an accredited veterinarian to issue an export certificate without including laboratory test results, if the Veterinary Services veterinarian agrees to add the results at a later date. Since a particular Veterinary Services veterinarian may not be accessible to add the results when they are available or needed, this section should hold the Veterinarian-in-Charge responsible for authorizing cases where an accredited veterinarian may issue such incomplete export certificates, and for seeing that the test results are added to the certificate when they are available.

Also, this provision would work better if the fact that lab results were delayed is recorded on an attachment to the export certificate, rather than on the certificate itself. Such an attachment could be removed when the results are added, reducing the possibility for confusion about test results when the certificate is examined in the destination country.

*Response:* We agree that the Veterinarian-in-Charge is the appropriate person to hold responsible for allowing export certificates to be issued with laboratory test results to be added at a later date. We also agree that a delay in obtaining lab results should be recorded on a removable attachment to the export certificate. We are making the requested changes to Sec. 161.3(k).

*Comment:* Section 161.4(b) states "Accreditation shall be automatically terminated when an accredited veterinarian is not licensed to practice veterinary medicine in at least one State." This should be modified to make it explicit that accreditation will be terminated if the veterinarian's license to practice is revoked by the State in which the veterinarian performs accredited duties.

*Response:* Depending on the circumstances of the case, revocation of a veterinarian's license in one State may or may not result in action under part 162 to revoke the veterinarian's accreditation on a national basis. If the basis for revoking the license involved violation of the "Standards for Accredited Veterinarian Duties" contained in Sec. 161.3, such action would ensue. However, the regulations also state in Sec. 161.2(a)(2)(ii) that a veterinarian must be licensed in the State in which he or she performs accredited duties. To emphasize this point, we are adding a new paragraph (c) to Sec. 161.1, "Statement of purpose; performance of accredited duties in different States." This new paragraph reads as follows: "An accredited veterinarian may not perform accredited duties in a State in which the accredited veterinarian is not licensed or legally able to practice veterinary medicine."

*Comment:* Section 162.12(d) states that "Issuance of three or more letters of dismissal citing incidents of minor violations by an accredited veterinarian may be cause for more severe action under this section and Sec. 161.4." There should be some time concerning the three violations to preclude action against, for example, a veterinarian who accumulates two letters of dismissal in his or her first year of practice and a third 20 years later, with 19 years of exemplary service between.

*Response:* We have reconsidered the proposal that issuance of three or more letters of dismissal could cause more severe action to be instituted against an accredited veterinarian. The regulations are designed to institute disciplinary actions based on individual violations of the standards, not on any particular pattern of past minor violations that were resolved under the regulations. Under part 162, if the Administrator has reason to believe an accredited veterinarian has not complied with the standards, the particulars of the alleged violation are investigated. If the accredited veterinarian alleged to have violated the standards has received a letter of dismissal in the past citing violations relevant to the alleged violation currently under investigation, that fact would be considered in determining the appropriate sanction for the current violation. However, we have concluded that there is no rational basis for a strict mechanical formula stating that a fixed number of such letters of dismissal, over either a fixed or indefinite time period, should lead to any particular disciplinary action under part 162. Therefore, we are removing the sentence in Sec. 162.12(d) that reads "Issuance of three or more letters of dismissal within a five year period citing incidents of minor violations by an accredited veterinarian may be cause for more severe action under this section and Sec. 161.4."

*Comment:* The proposal seems to greatly reduce State authority over and involvement in the accreditation program. The accreditation program should be a cooperative Federal–State program that meets the needs of both participants. The proposal limits the State to "advisory" participation in a number of areas where State participation should be fully equal to Federal participation. In particular, veterinarians should be accredited only after they are recommended by the State, and States should be involved in suspension or revocation actions; the State should participate in all orientations and share control of their content with APHIS; the State should be authorized to provide instructions directly to accredited veterinarians on how to follow procedures and complete forms involved in State or State–Federal cooperative programs, and accredited veterinarians should report cases of communicable animal disease to the State as well as the APHIS.

*Response:* It is not our intention to reduce State involvement in ensuring that the veterinary accreditation program successfully meets its established goals of assisting Federal and Federal–State cooperative animal health programs. We rely on the professionalism and expertise of State personnel, and their more detailed knowledge of local veterinary practitioners and animal industry conditions. We expect the State advice and participation will prove invaluable with regard to determining whether to accredit individual veterinarians, designing orientation programs, developing additional guidance and procedures for accredited veterinarians, and investigating violations of the "Standards for Accredited Veterinarian Duties" contained in Sec. 161.3.

We are modifying several sections of the regulations to clarify how we expect to rely on State participation. The sections dealing with orientations have been changed to state that State officials will be invited to participate in developing orientation materials and conducting orientations. Section 161.3(e) has been changed to state that tagging or identification of animals will be performed in accordance with instructions issued by the Veterinarian-in-Charge for Federal animal health programs, and instructions issued by

the Veterinarian-in-Charge or the State Animal Health Official for cooperative Federal–State programs. Section 161.3(f) has been changed to state that communicable disease cases must be reported to the Veterinarian-in-Charge and the State Animal Health Official. The section on informal conferences already states that the State Animal Health Official will be invited to attend each informal conference called by the Veterinarian-in-Charge. As noted above, Sec. 161.2(b), dealing with reaccreditation, has been changed to make it explicit that the Veterinarian-in-Charge, when evaluating a request for reaccreditation, shall consider the recommendations of the State Animal Health Official in making a decision.

We are not giving States exclusive or veto authority in any area of the regulations, such as whether an applicant will be accredited. Although we will carefully weigh any advice States present regarding these types of program decisions, the fact remains that veterinary accreditation is a program implemented by Federal regulation, and a Federal agency is the proper ultimate decision-making authority for the program.

*Comment:* One State agriculture agency asked that implications of Executive Order 12612, "Federalism," be explained with regard to the proposed rule, and contended that the proposal was not consistent with the Executive Order's charges to grant States the maximum possible administrative discretion and to avoid encroaching upon authority reserved to States.

*Response:* Executive Order 12612 instructs Federal agencies not to take actions that exceed the powers enumerated for the Federal government in the Constitution, and not to unnecessarily preempt State law or preclude States from developing policies and taking actions at their discretion. The proposed changes to the veterinary accreditation program do not raise Federalism implications in terms of the Executive Order. The regulations address how a Federal agency will conduct operations of a Federal program, and do not preclude States from developing policies or exercising their authority to involve veterinarians in any programs developed by a State. States are free to pass laws or implement regulations for the participation of veterinarians in State animal health programs. However, our regulations do not require accredited veterinarians to participate in purely State programs. State law, not Federal regulation, is the proper venue for implementing and enforcing State programs. Our regulations do not allow States to rely on Federal regulations to implement or enforce State programs that do not have a cooperative Federal component, and we believe this is an appropriate division of responsibility.

*Comment:* There should be an expiration date on accreditation. It should be renewable at intervals, for example every 5 or 10 years. This would provide a mechanism for removing retired and deceased veterinarians from the national list as well as a mechanism for updating information about them.

*Response:* We examined this option while developing the regulations, and concluded that it would place an unacceptable paperwork burden on accredited veterinarians to require them to reapply regularly. This system would also place an unmanageable burden on APHIS recordkeeping and procedures, which would have to be redesigned to track the exact time that thousands of veterinarians have been accredited. We would have to contact accredited veterinarians individually if they fail to reapply on time, and develop new standards and procedures for what action to take when they fail to reapply, or reapply late.

We believe the most practical way to keep the national list current is for APHIS to conduct a mass mailing to accredited veterinarians from time to time. This mailing will include an enclosure that each accredited veterinarian must return to APHIS if the individual wishes to remain in accredited status. Before APHIS conducts such a mailing, any information collection or recordkeeping requirements associated with it will be submitted to the Office of Management and Budget in accordance with the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.).

*Comment:* Informal conferences should not be held by telephone. Violations are serious matters, and requiring the alleged violator to travel to an office for a face-to-face conference with Federal and State officials reinforces the seriousness of violations and will help reduce their number.

*Response:* We agree. After re-examining the investigation and adjudication process, we conclude that if telephone discussions with those involved in an alleged violation have a place in the process, that place would be before the informal conference stage, while the Veterinarian-in-Charge is still determining whether there is reason to believe that the accredited veterinarian has not complied with the "Standards for Accredited Veterinarian Duties" contained in Sec. 161.3. Therefore, we have removed from Sec. 162.12 the sentence that reads "At the discretion of the Veterinarian-in-Charge, informal conferences may be held by telephone."

In addition to the changes discussed above, we have also made minor, nonsubstantive changes for clarity.

**Effective Date**

Pursuant to the provisions of 5 U.S.C. 553, we find good cause for making this rule effective less than 30 days after publication in the **Federal Register**. This is a substantive rule which relieves a restriction that limits accreditation to veterinarians who have passed the written examination required by the former regulations. Immediate implementation of this rule will prevent a great deal of unnecessary work by schools of veterinary medicine, which would otherwise have to prepare to conduct this year's written examination for veterinary students.

Therefore, the Administrator of the Animal and Plant Health Inspection Service has determined that there is good cause for making this rule effective upon publication.

**Executive Order 12291 and Regulatory Flexibility Act**

We are issuing this rule in conformance with Executive Order 12291, and we have determined that it is not a "major rule." Based on information compiled by the Department, we have determined that this rule will have an effect on the economy of less than $100 million; will not cause a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; and will not cause a significant adverse effect on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

This amendment establishes accreditation on a national rather than a State basis. It also removes a test currently required for accredited veterinarians, requires an orientation program for each accredited veterinarian, and specifies standards for performance of certain

[1] The provisions of subchapters B, C, and D of this chapter authorize Federal and State veterinarians and accredited veterinarians to perform specified functions. Full-time Federal (including military) and State- employed veterinarians are authorized to perform such functions, pursuant to delegation of authority by the Administrator or cooperative agreements without specific accreditation under the provisions of this subchapter.

services by accredited veterinarians.

There are currently approximately 45,000 accredited veterinarians practicing in the United States. Approximately 2,000 new accredited veterinarians, mostly recent graduates, are added to the system each year. The degree to which their income depends on performing accredited work varies greatly within this population, and we have little reliable information in this area. It appears that accredited veterinarians may be divided into three groups in terms of the income they derive from performing accredited work. A small minority of accredited veterinarians derive most of their income from accredited work. A large minority of accredited veterinarians derive only a small portion of their income from accredited work. The largest group in the accredited veterinarian population derives a significant but not major portion of their income from accredited work. (Another minor group, irrelevant to economic considerations under the proposed rule, is accredited but receives no income from performing accredited work.)

The changes made by this final rule should not significantly affect the number of accredited veterinarians, the expenses they accrue to become accredited, or the income they derive from performing accredited work. The changes essentially affect application procedures without imposing any significant new application costs.

Under these circumstances, the Administrator of the Animal and Plant Health Inspection Service has determined that this action will not have a significant economic impact on a substantial number of small entities.

### Executive Order 12778

This final rule has been reviewed under Executive Order 12778, Civil Justice Reform. Following adoption of this rule: (1) All State and local laws and regulations that are in conflict with this rule will be preempted; (2) no retroactive effect will be given to this rule; and (3) administrative proceedings are required before the suspension or revocation of a veterinarian's accreditation can be challenged in court.

### Executive Order 12372

This program/activity is listed in the Catalog of Federal Domestic Assistance under No. 10.025 and is subject to Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 7 CFR, part 3015, subpart V.)

### Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.), the information collection or recordkeeping requirements included in this rule have been approved by the Office of Management and Budget (OMB) under OMB control number 0579-0032.

### List of Subjects

*9 CFR Parts 160*

Veterinarians.

*9 CFR Part 161*

Reporting and recordkeeping requirements.

*9 CFR Part 162*

Administrative practice and procedures, Veterinarians.

Accordingly, subchapter J of 9 CFR chapter I is revised to read as follows:

## SUBCHAPTER J—ACCREDITATION OF VETERINARIANS AND SUSPENSION OR REVOCATION OF SUCH ACCREDITATION

Parts

160 Definition of terms.
161 Requirements and standards for accredited veterinarians and suspension or revocation of such accreditation.
162 Rules of practice governing revocation or suspension of veterinarians' accreditation.

## PART 160—DEFINITION OF TERMS

**Authority:** 15 U.S.C. 1828; 21 U.S.C. 105, 111-114, 114a, 114a-1, 115, 116, 120, 121, 125, 134b, 134f, 612, and 613; 7 CFR 2.17, 2.51, and 371.2(d).

### Sec. 160.1 Definitions.

For the purposes of this subchapter the following words, phrases, names and terms shall be construed, respectively, to mean:

*Accredited Veterinarian.*[1] A veterinarian approved by the Administrator in accordance with the provisions of part 161 of this subchapter to perform functions specified in subchapters B, C, and D of this chapter.

*Administrator.* The Administrator of the Animal and Plant Health Inspection Service or any individual authorized to act for the Administrator.

*Animal, animals.* All animals except humans, including but not limited to cattle, sheep, goats, other ruminants, swine, horses, asses, mules, zebras, birds, and poultry.

*Animal and Plant Health Inspection Service.* The Animal and Plant Health Inspection Service, United States Department of Agriculture.

*APHIS.* The Animal and Plant Health Inspection Service.

*Examine, examination.* Physical study of an individual animal that enables an accredited veterinarian to determine if any abnormality in physical condition or bodily function is suggestive of clinical signs of communicable disease.

*Inspect, inspection.* Visual study of the physical appearance, physical condition, and behavior of animals (singly or in groups) that enables an accredited veterinarian to determine whether any abnormality in physical condition or bodily function is evident.

*Official certificate, form, record, report, tag, band, or other identification.* Means any certificate, form, record, report, tag, band, or other identification, prescribed by statute or by regulations issued by the Administrator, for use by an accredited veterinarian performing official functions under this subchapter.

*State.* Any State, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands of the United States, and any other territory or possession of the United States.

*State Animal Health Official.* The State animal health official who is responsible for the livestock and poultry disease control and eradication programs of a State.

*Veterinarian-in-Charge.* The veterinary official of APHIS who is assigned by the Administrator to supervise and perform the official work of APHIS in a State or group of States.

## PART 161—REQUIREMENTS AND STANDARDS FOR ACCREDITED VETERINARIANS AND SUSPENSION OR REVOCATION OF SUCH ACCREDITATION

Sec.

Sec. 161.1 Statement of purpose; performance of accredited duties in different States.

[1] The provisions of subchapters B, C, and D of this chapter authorize Federal and State veterinarians and accredited veterinarians to perform specified functions. Full-time Federal (including military) and State-employed veterinarians are authorized to perform such functions, pursuant to delegation of authority by the Administrator or cooperative agreements without specific accreditation under the provisions of this subchapter.

Sec. 161.2 Requirements and application procedures for accreditation.
Sec. 161.3 Standards for accredited veterinarian duties.
Sec. 161.4 Suspension or revocation of veterinary accreditation; criminal and civil penalties.

**Authority:** 15 U.S.C. 1828; 21 U.S.C. 105, 111-114, 114a, 114a-1, 115, 116, 120, 121, 125, 134b, 134f, 612, and 613; 7 CFR 2.17, 2.51, and 371.2(d).

**Sec. 161.1 Statement of purpose; performance of accredited duties in different States.**

(a) This subchapter concerns a program administered by APHIS to accredit veterinarians and thereby authorize them to perform, on behalf of APHIS, certain activities specified in this chapter. This program is intended to ensure that an adequate number of qualified veterinarians are available in the United States to perform such activities.

(b) If an accredited veterinarian wishes to perform accredited duties in a State other than the State for which the veterinarian has completed an orientation in accordance with Sec. 161.2(a)(4), the accredited veterinarian shall so inform the Veterinarian-in-Charge of the new State. The Veterinarian-in-Charge of the new State may require the accredited veterinarian to complete, prior to performing any accredited duties in the new State, an orientation in animal health procedures and issues relevant to the new State. The Veterinarian-in-Charge shall review the content of each such orientation and shall approve its use after determining that it includes adequate information about animal health agencies, regulatory requirements, administrative procedures, and animal disease problems in the new State, to prepare an accredited veterinarian from another State to perform accredited duties in the new State. The Veterinarian-in-Charge shall also give the State Animal Health Official of the new State an opportunity to review the contents of the orientation, and invite him or her to participate in developing orientation materials and conducting the orientation.

(c) An accredited veterinarian may not perform accredited duties in a State in which the accredited veterinarian is not licensed or legally able to practice veterinary medicine.

**Sec. 161.2 Requirements and application procedures for accreditation.**

(a) *Initial accreditation.* A veterinarian may apply for accreditation by completing an application for accreditation on Form 1-36A, "Application for Veterinary Accreditation," including certification that the applicant is able to perform the tasks listed in paragraph (d) of this section, and submitting it to the Veterinarian-in-Charge in the State where he or she wishes to perform accredited duties.

(1) Completed Forms 1-36A received by a Veterinarian-in-Charge shall be reviewed by the State Animal Health Official for the State in which the veterinarian wishes to perform accredited duties. Within 14 days after receiving an application, a State Animal Health Official shall either endorse the application or send a written statement to the Administrator explaining why it was not endorsed; but if the State Animal Health Official fails to take one of these actions within 14 days, the Veterinarian-in-Charge shall proceed to review the application. The Administrator will review the application and the written statement, if any, and determine whether the applicant meets the requirements for accreditation contained in this part.

(2) The Administrator is hereby authorized to accredit a veterinarian when he or she determines that:

(i) The veterinarian is a graduate with a Doctorate of Veterinary Medicine or an equivalent degree (any degree that qualifies the holder to be licensed by a State to practice veterinary medicine) from a college of veterinary medicine;

(ii) The veterinarian is licensed or legally able to practice veterinary medicine in the State in which the veterinarian wishes to perform accredited duties. APHIS will confirm licensing status of the applicant by contacting the State board of veterinary medical examiners or any similar State organization that maintains records of veterinarians licensed in a State; and,

(iii) The veterinarian has completed an orientation program approved by the Veterinarian-in-Charge for the State in which the veterinarian wishes to practice, and upon completion of the orientation, has signed a written statement listing the date and place of orientation, the subjects covered in the orientation, and any written materials provided to the veterinarian at the orientation. The Veterinarian-in-Charge shall also give the State Animal Health Official an opportunity to review the contents of the orientation, and invite him or her to participate in developing orientation materials and conducting the orientation. The orientation program shall include the following topics:

(A) Federal animal health laws, regulations, and rules;

(B) Interstate movement requirements for animals;

(C) Import and export requirements for animals;

(D) USDA animal disease eradication and control programs;

(E) Laboratory support in confirming disease diagnoses;

(F) Ethical/Professional responsibilities of an accredited veterinarian; and,

(G) Animal health procedures, issues, and information resources relevant to the State in which the veterinarian wishes to perform accredited duties.

(b) *Reaccreditation.* A veterinarian whose accreditation has been revoked may apply for reaccreditation when the revocation has been in effect for not less than two years by completing an application for reaccreditation on Form 1-36A, "Application for Veterinary Accreditation", and submitting it to the Veterinarian-in-Charge of the State or area where he or she wishes to perform accredited work.

(1) Completed Forms 1-36A received by a Veterinarian-in-Charge shall be reviewed by the State Animal Health Official for the State in which the veterinarian wishes to perform accredited duties. Within 14 days after receiving an application, a State Animal Health Official shall either endorse the application or send a written statement to the Administrator explaining why it was not endorsed; but if the State Animal Health Official fails to take one of these actions within 14 days, the Veterinarian-in-Charge shall proceed to review the application. The Administrator will review the application and the written statement, if any, and determine whether the applicant meets the requirements for reaccreditation contained in this part.

(2) The Administrator is hereby authorized to reaccredit a veterinarian when he or she determines that:

(i) The veterinarian is licensed or legally able to practice veterinary medicine in the State in which the veterinarian wishes to perform accredited duties;

(ii) The veterinarian has completed a reaccreditation orientation program approved by the Veterinarian-in-Charge for the State in which the veterinarian wishes to practice, and upon comple-

tion of the orientation, has signed a written statement listing the date and place of orientation, the subjects covered in the orientation, and any written materials provided to the veterinarian at the orientation. The Veterinarian-in-Charge shall also give the State Animal Health Official an opportunity to review the contents of the reaccreditation orientation, and invite him or her to participate in developing orientation materials and conducting the orientation. The orientation program shall include topics addressing the subject areas which led to loss of accreditation for the applicant, and subject areas which have changed since the applicant lost accreditation; and,

(iii) The professional integrity and reputation of the applicant support a conclusion that the applicant will faithfully fulfill the duties of an accredited veterinarian in the future. In making this conclusion, the Administrator shall review all available information about the applicant, including recommendations of the State Animal Health Official, and shall consider:

(A) Criminal conviction records adversely reflecting on the honesty or integrity of the applicant with regard to the performance or nonperformance of veterinary medical duties;

(B) Official records of the applicant's actions participating in Federal, State, or local veterinary programs;

(C) Judicial determinations in civil litigation adversely reflecting on the integrity of the applicant; and

(D) Any other evidence reflecting on the professional integrity and reputation of the applicant.

(c) *Reinstatement after suspension.* A veterinarian whose accreditation has been suspended for less than 6 months (other than a summary suspension that is changed to a revocation as a result of an adjudicatory proceeding) will be automatically reinstated as an accredited veterinarian upon completion of the suspension. A veterinarian whose accreditation has been suspended for 6 months or more must complete a reaccreditation orientation program in accordance with paragraph (b)(2)(ii) of this section before accreditation will be reinstated.

(d) *Tasks which applicants for accredited status must be able to perform.* Applicants for accredited status must be able to:

(1) Perform physical examinations of individual animals, and visually inspect herds or flocks, to determine whether the animals are free from any clinical signs suggestive of communicable disease;

(2) Recognize the common breeds of livestock so as to be able to record breed information on official documents;

(3) Recognize brucellosis tattoos and calfhood vaccination tags, and determine the state of origin of eartags, to properly identify animals in interstate commerce;

(4) Estimate the age of livestock using a dental formula;

(5) Apply an eartag, tattoo, backtag, and legband;

(6) Certify the disease status of a poultry flock with regard to disease caused by *Salmonella enteritidis*, psittacosis or ornithosis, and velogenic viscerotropic Newcastle disease, by evaluating records of the flock's participation in and testing by Federal and State poultry health programs;

(7) Properly complete certificates for domestic and international movement of animals;

(8) Apply and remove official seals;

(9) Perform a necropsy on livestock;

(10) Recognize clinical signs and lesions of exotic animal diseases;

(11) Plan a disease control strategy for a livestock unit;

(12) Vaccinate for brucellosis and fill out the vaccination certificate;

(13) Draw and ship blood for testing;

(14) Perform a caudal fold test for tuberculosis;

(15) Develop appropriate cleaning and disinfection plans to control communicable livestock disease spread; and

(16) Explain basic principles for control of diseases for which APHIS or APHIS–State cooperative programs exist, such as brucellosis, pseudorabies, and tuberculosis.

(Approved by the Office of Management and Budget under control number 0579- 0032.)

**Sec. 161.3 Standards for accredited veterinarian duties.**

An accredited veterinarian shall perform the functions of an accredited veterinarian only in a State in which the accredited veterinarian is licensed or legally able to practice veterinary medicine. An accredited veterinarian shall perform the functions of an accredited veterinarian and carry out all responsibilities under applicable Federal programs and cooperative programs subject to direction provided by the Veterinarian-in-Charge and in accordance with any regulations and instructions issued to the accredited veterinarian by the Veterinarian-in-Charge, and shall observe the following specific standards:

(a) An accredited veterinarian shall not issue or sign a certificate, form, record or report which reflects the results of any inspection, test, vaccination or treatment performed by him or her, with respect to any animal, unless he or she, within 7 days prior to such signing, has personally observed each animal in a location that allows the accredited veterinarian sufficient space to observe the animal in such a manner as to detect abnormalities related to areas such as, but not limited to, locomotion, body excretion, respiration, and skin conditions. An accredited veterinarian shall examine each animal showing abnormalities, in order to determine whether or not there is clinical evidence compatible with the presence or absence of a communicable disease.

(b) An accredited veterinarian shall not issue or sign any certificate, form, record or report, or permit such a certificate, form, record, or report to be used until, and unless, it has been accurately and fully completed, clearly identifying the animals to which it applies, and showing the dates and results of any inspection, test, vaccination, or treatment the accredited veterinarian has conducted, except as provided in paragraph (c) of this section. The accredited veterinarian shall distribute copies of certificates, forms, records, and reports, according to instructions issued to him or her by the Veterinarian-in-Charge.

(c) An accredited veterinarian shall not issue or sign any certificate, form, record, or report which reflects the results of any inspection, test, vaccination, or treatment performed by another accredited veterinarian, unless:

(1) The signing accredited veterinarian has exercised reasonable care, that is, a standard of care that a reasonably prudent person would use under the circumstances in the course of performing professional duties, to determine that the certificate, form, or report is accurate;

(2) The certificate, form, or report indicates that the inspection, test, vaccination, or treatment was performed by the other accredited veterinarian; identifies the other accredited veterinarian by name; and includes the date and the place where such inspection, test, or vaccination was performed; and,

(3) For a certificate, form, or report indicating results of a laboratory test, the signing accredited veterinarian shall keep a copy of the certificate, form, or report and shall attach to it either a copy of the test results issued by the laboratory, or a written record (in-

cluding date and participants' names) of a conversation between the signing accredited veterinarian and the laboratory confirming the test results.

(d) An accredited veterinarian shall perform official tests, inspections, treatments, and vaccinations and shall submit specimens to designated laboratories in accordance with Federal and State regulations and instructions issued to the accredited veterinarian by the Veterinarian-in-Charge.

(e) An accredited veterinarian shall identify or be physically present to supervise the identification of reactor animals by tagging or such other method as may be prescribed in instructions issued to him or her by the Veterinarian-in-Charge or by a State Animal Health Official through the Veterinarian-in-Charge.

(f) An accredited veterinarian shall immediately report to the Veterinarian-in-Charge and the State Animal Health Official all diagnosed or suspected cases of a communicable animal disease for which APHIS has a control or eradication program in 9 CFR chapter I, and all diagnosed or suspected cases of any animal disease not known to exist in the United States as provided by Sec. 71.3(b) of this chapter.

(g) While performing accredited work, an accredited veterinarian shall take such measures of sanitation as are necessary to prevent the spread of communicable diseases of animals by the accredited veterinarian.

(h) An accredited veterinarian shall keep himself or herself currently informed on Federal and State regulations that are provided to him or her by the Veterinarian-in-Charge, or by a State official through the Veterinarian-in-Charge, governing the movement of animals, and on procedures applicable to disease control and eradication programs, including emergency programs.

(i) An accredited veterinarian shall not use or dispense in any manner, any pharmaceutical, chemical, vaccine or serum, or other biological product authorized for use under any Federal regulation or cooperative disease eradication program, in contravention of applicable Federal or State statutes, regulations, and policies.

(j) An accredited veterinarian shall be responsible for the security and proper use of all official certificates, forms, records, reports, tags, bands, or other identification devices used in his or her work as an accredited veterinarian and shall take reasonable care to prevent misuse thereof. An accredited veterinarian shall immediately report to the Veterinarian-in-Charge, the loss, theft, or deliberate or accidental misuse of any such certificate, form, record, report, tag, band, or other identification device.

(k) An accredited veterinarian may issue or sign an origin health certificate for export use pursuant to part 91 of this chapter without including test results from a laboratory, if the Veterinarian-in-Charge has determined that such action is necessary to save time in order to meet an exportation schedule and agrees to add the test results to the certificate at a later time. In such cases, the accredited veterinarian shall state on a removable attachment to the certificate that such test results are to be added by the Veterinarian-in-Charge.

### Sec. 161.4 Suspension or revocation of veterinary accreditation; criminal and civil penalties.

(a) The Administrator is authorized to suspend for a given period of time, or to revoke, the accreditation of a veterinarian when he or she determines that the accredited veterinarian has not complied with the "Standards for Accredited Veterinarian Duties" as set forth in Sec. 161.3 of this part, or, in lieu thereof, to issue a written notice of warning to the accredited veterinarian when the Administrator determines a notice of warning will be adequate to attain compliance with the Standards.

(b) Accreditation shall be automatically terminated when an accredited veterinarian is not licensed or legally able to practice veterinary medicine in at least one State.

(c) Accreditation shall be automatically revoked when an accredited veterinarian is convicted of a crime in either State or Federal court, if such conviction is based on the performance or nonperformance of any act required of the veterinarian in his or her capacity as an accredited veterinarian.

(d) Any accredited veterinarian who knowingly issues or signs a false, incorrect, or mislabeled animal health or inspection certificate, blood sample, official brucellosis vaccination certificate, or official tuberculin test certificate in accordance with this chapter, shall be subject to such civil penalties and such criminal liabilities as are provided by 18 U.S.C. 1001, 21 U.S.C. 117, 122, 127, and 134e, or other applicable Federal statutes. Such action may be in addition to, or in lieu of, suspension or revocation of accredited veterinarian status in accordance with this section.

## PART 162—RULES OF PRACTICE GOVERNING REVOCATION OR SUSPENSION OF VETERINARIANS' ACCREDITATION

### Subpart A—General

Sec.

162.1 Scope and applicability of rules of practice.

### Subpart B—Supplemental Rules of Practice

162.10 Summary suspension of accreditation of veterinarians.
162.11 Notification.
162.12 Informal conference.
162.13 Formal complaint.

**Authority:** 15 U.S.C. 1828; 21 U.S.C. 105, 111-114, 114a, 114a-1, 115, 116, 120, 121, 125, 134b, 134f, 612, and 613; 7 CFR 2.17, 2.51, and 371.2(d).

### Subpart A—General

### Sec. 162.1 Scope and applicability of rules of practice.

The Uniform Rules of Practice for the Department of Agriculture promulgated in Subpart H of part 1, Subtitle A, Title 7, Code of Federal Regulations, are the Rules of Practice applicable to adjudicatory, administrative proceedings for the revocation or suspension of accreditation of veterinarians (9 CFR parts 160 and 161). In addition, the Supplemental Rules of Practice set forth in subpart B of this part shall be applicable to such proceedings.

### Subpart B—Supplemental Rules of Practice

### Sec. 162.10 Summary suspension of accreditation of veterinarians.

In any situation where the Administrator has reason to believe that any veterinarian accredited under the provisions of 9 CFR parts 160 and 161 of this subchapter has not complied with the "Standards for Accredited Veterinarian Duties" set forth in Sec. 161.3 of this subchapter, and deems such action necessary in order to prevent the introduction into the United States or the spread from one State to another of a contagious, infectious, or communicable disease of animals, or to insure that animals intended or offered for export to foreign countries are free from disease, the Administrator may suspend the accreditation of such veterinarian pending final determination in the proceeding, effective upon oral or written notification, whichever is earlier. In the event of oral notification, a written confirma-

tion thereof shall be given to such veterinarian pursuant to Sec. 1.147(b) of the Uniform Rules of Practice (7 CFR 1.147(b)) as promptly as circumstances permit. Such suspension shall have no relevance with respect to the final determination in the proceeding.

**Sec. 162.11 Notification.**

The Veterinarian-in-Charge shall notify an accredited veterinarian when there is reason to believe that the accredited veterinarian has not complied with the "Standards for Accredited Veterinarian Duties" as contained in Sec. 161.3 of this subchapter. The notification shall be in writing, with a copy to the State Animal Health Official, and shall include a statement of the basis for the belief that the accredited veterinarian has failed to comply with the Standards and shall notify the accredited veterinarian if the Veterinarian-in-Charge has arranged to hold an informal conference to discuss the matter.

**Sec. 162.12 Informal conference.**

(a) The Veterinarian-in-Charge, in consultation with the State Animal Health Official and the accredited veterinarian, shall designate the time and place for the holding of an informal conference to review the matter, unless the Veterinarian-in-Charge determines that an informal conference is inappropriate. An informal conference is inappropriate only if the Veterinarian-in-Charge decides to dismiss the case based on available facts, or if civil or criminal charges based on the actions or inactions believed to be in violation of the "Standards for Accredited Veterinarian Duties" contained in Sec. 161.3 of this subchapter are pending against the accredited veterinarian. An informal conference shall include the Veterinarian-in-Charge or his or her representative, the accredited veterinarian, and any other persons the Veterinarian-in-Charge requests to attend due to their involvement in or knowledge of the possible violation. The State Animal Health Official will be invited to attend each informal conference held regarding activities in his or her State.

(b) Prior to, during, or at the conclusion of the informal conference, the Veterinarian-in-Charge may issue a written warning to the accredited veterinarian without further procedure after determining that a warning with appropriate instructions will be adequate to attain compliance with the Standards.

(c) If prior to, during, or at the conclusion of, the informal conference, the accredited veterinarian consents, in writing, to the issuance of an order revoking or suspending his or her accreditation for a specified period of time, in lieu of further procedure, the Veterinarian-in-Charge may issue such a consent order without further procedure.

(d) If prior to, during, or after the informal conference, but prior to the issuance of a formal complaint, the accredited veterinarian is found not to have violated the regulations, the Veterinarian-in-Charge will issue a letter dismissing the case, and provide a copy of the letter to the accredited veterinarian and to the State Animal Health Official. Prior to, during, or after the informal conference, the Veterinarian-in-Charge may issue a letter identifying actions of the accredited veterinarian that were minor violations of the Standards, instructing the accredited veterinarian in proper procedures, and admonishing the accredited veterinarian to use greater care in performing these procedures in the future.

**Sec. 162.13 Formal complaint.**

If a consent order has not been issued, or if, after an informal conference, the Veterinarian-in-Charge has not issued a letter of dismissal or letter of warning to the accredited veterinarian, a formal complaint may be issued by the Administrator in accordance with Sec. 1.135 of the Uniform Rules of Practice (7 CFR 1.135).

Done in Washington, DC, this 17th day of November 1992.

**Lonnie J. King,**
*Acting Administrator, Animal and Plant Health Inspection Service.*

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United States Department of Agriculture
Animal and Plant Health Inspection Service
P.O. Box 96464
Washington, DC
20090-6464

December 1, 1992

VETERINARY SERVICES MEMORANDUM NO. 572.1

Subject: Accreditation of Veterinarians

To: Directors, VS Regions
Area Veterinarians in Charge, VS

## I. PURPOSE

The purpose of this memorandum is to outline the procedures for the accreditation of veterinarians. Accreditation allows qualified veterinary practitioners to participate in Federal and State-Federal cooperative animal health programs and to prepare health certificates or transportation certification statements for interstate and international movement of livestock and poultry.

## II. CANCELLATION

This memorandum replaces Veterinary Services (VS) Memorandum No. 572.1, dated August 11, 1989, which should be destroyed.

## III. APPLICATION PROCEDURE

A. Applications for accreditation (VS Form 1-36A) (enclosure 6) shall be kept in the Area Offices and distributed to any graduate veterinarian or veterinary student requesting one. Reference materials (enclosures 1 and 2) will be enclosed with the application to aid in completing VS Form 1-36A.

B. Completed applications should be submitted to the Area Veterinarian in Charge (AVIC), who will review the application form to see that it meets the requirements as outlined in Title 9 Code of Federal Regulations (9 CFR), Part 161.2. If the application is incomplete, it shall be returned to the applicant for completion if the missing information cannot be obtained by telephone or FAX. The AVIC shall then forward the application to the State Animal Health Official (SAHO) who shall either endorse the application or send a written statement to the Deputy Administrator (DA) of Veterinary Services, through the AVIC, explaining why it was not endorsed. If the SAHO fails to take one of these actions within 14 days, the AVIC shall proceed to review the application. If the application for accreditation is denied, a letter signed by the DA will be forwarded to the applicant.

C. When a completed application is approved and signed by the AVIC and the SAHO the applicant can be scheduled for an orientation session if he/she has not already completed such a session (See section IV below).

D. For a newly accredited veterinarian a certificate of veterinary accreditation (enclosure 4) and a copy of the completed application form should be forwarded to the Sheep, Goat, Equine, and Poultry Diseases (SGEPD) Staff where the information will be entered into the veterinary accreditation data base and the Deputy Administrator's signature will be added to the certificate of veterinary accreditation. A copy of the presigned letter of approval (enclosure 3) from the Deputy Administrator for Veterinary Services shall be sent by the Area Office to the applicant at this time. The certificate of veterinary accreditation and the presigned letter shall show the same date. The signed certificate will subsequently be mailed back to the Area office for distribution to the newly accredited veterinarian. The letter of approval will serve as proof of accreditation until the certificate is received. Do not send the approval letter until all information is verified.

1. If a veterinarian is temporarily licensed and eligible for accreditation under temporary licensure, upon completion of the requirements to become accredited a copy of the presigned approval letter shall be sent to the newly accredited veterinarian and a copy of the completed application shall be sent to the SGEPD Staff for entry into the veterinary accreditation data base. When the veterinarian obtains permanent licensure a certificate for veterinary accreditation showing the same date as the original approval letter along with an attachment indicating any updated information shall be sent to the SGEPD Staff for processing.

2. If a duplicate certificate is requested, a completed certificate showing the date of original accreditation accompained by an attachment indicating the reason for the request shall be sent to the SGEPD Staff for processing.

E. When an accredited veterinarian changes his/her State of residence, he/she is required to contact the AVIC in the new State of residence prior to performing any accredited work. The AVIC in the new State may require the accredited veterinarian to complete a follow up orientation covering animal health procedures and issues relevant to the new State. Any additional and/or updated accreditation materials should be distributed when the accredited veterinarian contacts the new AVIC or at the orientation.

## IV. ORIENTATION PROCEDURES

A. When an application is completed and signed by both the applicant, the AVIC, and the SAHO, an orientation session can be scheduled if it has not previously been scheduled and/or completed. At the discretion of the AVIC, this may be an individual or a group orientation session.

B. A VS person shall be designated in each Area to coordinate and conduct orientation sessions. This person is expected to work with the AVIC, SAHO, and university personnel (if applicable) to ensure that topics pertinent to each Area are discussed in addition to the core material.

C. The core material of each orientation program shall include discussion of the following topics:

1. Federal animal health laws, regulations, and rules;

2. Interstate movement requirements for animals;

3. Import and export requirements for animals;

4. USDA animal disease eradication and control programs;

5. Laboratory support in confirming disease diagnoses;

6. Ethical/professional responsibilities of an accredited veterinarian; and

7. Animal health procedures, issues, and information resources relevant to the State in which the veterinarian wishes to perform accredited duties.

D. Upon completion of the orientation session a veterinary accreditation orientation form (enclosure 5) shall be completed by the applicant and signed by the AVIC and the SAHO. It is the responsibility of the VS veterinarian conducting the orientation and the AVIC (if different) to ensure that the applicant receives all of the accreditation materials, including updates to such, listed on the orientation completion form. All materials distributed to the applicant and a brief summary of topics covered in the orientation shall be listed on the orientation completion form. Signed copies of the orientation form shall be distributed to the applicant, the SAHO, and the Area Office.

Billy G. Johnson
Deputy Administrator
Veterinary Services

6 Enclosures

Enclosure 1

ACCREDITED VETERINARIAN DATA BASE

KEY FOR TYPE OF PRACTICE

Private Practice: Self-Employed or Employee

A - Bovine Practice (exclusive)
B - Equine Practice (exclusive)
C - Porcine Practice (exclusive)
D - Large Animal Practice (all species)
E - Mixed Practice (predominately Large Animal)
F - Mixed Practice (50-50 Large and Small)
G - Mixed Practice (predominately Small Animal)
H - Small Animal Practice (exclusive)
I - Poultry Practice (exclusive)

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Employed by Public Agency

College or University

J - Clinical Activity exclusively Small Animal
K - Clinical Activity exclusively Large Animal, including Herd Health/Preventive Medicine
L - Clinical Activity Mixed, including Extension
M - Clinical Avian Medicine
N - Diagnostic Laboratory
O - Other (Administration, Anatomy, Physiology, etc.)

Governmental (Federal, State, Local) Agency

P - Animal Health, including Diagnostic Laboratory
R - Food Hygiene, Military, Public Health
S - Other (Zoo, etc.)

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Employed by Private Agency or Industry

T - Activity predominately Large Animal-Related
U - Activity predominately Poultry-Related
W - Activity predominately Other

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Other

X - Employed by International Agency
Y - Retired
Z - Employment unrelated to Veterinary Medicine

Enclosure 2

KEY TO ABBREVIATIONS FOR COLLEGES OF VETERINARY MEDICINE

U.S.A.

| | | |
|---|---|---|
| 101 | AUB | Auburn University, School of Veterinary Medicine |
| 102 | CAL | University of California--Davis, School of Veterinary Medicine |
| 103 | COL | Colorado State University, College of Veterinary Medicine |
| 104 | COR | Cornell University, New York State College of Veterinary Medicine |
| 105 | FL | University of Florida, College of Veterinary Medicine |
| 106 | GA | University of Georgia, College of Veterinary Medicine |
| 107 | ILL | University of Illinois, College of Veterinary Medicine |
| 108 | ISU | Iowa State University, College of Veterinary Medicine |
| 109 | KSU | Kansas State University, College of Veterinary Medicine |
| 110 | LSU | Louisiana State University, College of Veterinary Medicine |
| 111 | MIN | University of Minnesota, College of Veterinary Medicine |
| 112 | MIS | Mississippi State University, College of Veterinary Medicine |
| 113 | MO | University of Missouri, College of Veterinary Medicine |
| 114 | MSU | Michigan State University, College of Veterinary Medicine |
| 115 | OKL | Oklahoma State University, College of Veterinary Medicine |
| 116 | OSU | Ohio State University, College of Veterinary Medicine |
| 117 | ORS | Oregon State University, College of Veterinary Medicine |
| 118 | PUR | Purdue University, School of Veterinary Medicine |
| 119 | TEN | University of Tennessee, College of Veterinary Medicine |
| 120 | TEX | Texas A&M University, College of Veterinary Medicine |
| 121 | TUF | Tufts University, School of Veterinary Medicine |
| 122 | TUS | Tuskegee Institute, School of Veterinary Medicine |
| 123 | UP | University of Pennsylvania, School of Veterinary Medicine |
| 124 | VPI | Virginia/Maryland Regional College of Veterinary Medicine, Virginia Polytechnic Institute |
| 125 | WSU | Washington State University, College of Veterinary Medicine |
| 126 | NCU | North Carolina State University, College of Veterinary Medicine |
| 127 | WIS | University of Wisconsin, School of Veterinary Medicine |
| 151 | ARK | Arkansas Veterinary College |
| 152 | AVG | American Veterinary College, New York City |
| 153 | CIN | Cincinnati Veterinary College |
| 154 | CVC | Chicago Veterinary College |
| 155 | DET | Detroit Veterinary College |
| 156 | GR | Grand Rapids, Michigan Veterinary Medicine |
| 157 | IND | Indiana Veterinary College, Indianapolis, Indiana |
| 158 | KCV | Kansas City Veterinary College |
| 159 | MCK | McKillip Veterinary College, Chicago, Illinois |
| 160 | MID | Veterinary School of Middlesex University, MA (Now Brandeis U) |
| 161 | NAT | National Veterinary College, Washington, D.C. |
| 162 | NYA | New York American Veterinary College, N.Y. City |
| 163 | NYC | New York College of Veterinary Surgeons |
| 164 | NYS | New York State Veterinary College, N.Y. University |
| 165 | OVC | Ohio Veterinary College, Cincinnati, Ohio |
| 166 | SF | San Francisco (California) Veterinary College |
| 167 | STJ | St. Joseph (Missouri) Veterinary College |
| 168 | SW | Southwestern Veterinary College, Dallas, Texas |
| 169 | TH | Terre Haute (Indiana) Veterinary College |
| 170 | USC | United States College of Veterinary Surgeons |

| | | |
|---|---|---|
| 171 | UVC | University Veterinary College, Kansas City |
| 172 | WES | Western Veterinary College, Kansas City |
| 173 | API | Alabama Polytechnic Institute (Now AUB) |
| 174 | MSC | Michigan State College (Now MSU) |
| 175 | CSU | Colorado State College (Now COL) |
| 176 | KSC | Kansas State College (Now KSU) |
| 177 | ISC | Iowa State College (Now ISU) |
| 178 | WSC | Washington State College (Now WSU) |
| 179 | GWU | George Washington University, Washington, D.C. |
| 180 | WVU | West Virginia University, Morgantown, West Virginia |

CANADA

| | | |
|---|---|---|
| 201 | MON | School of Veterinary Medicine, University of Montreal, St. Hyacinthe, Quebec |
| 202 | PEI | University of Prince Edward Island, Faculty of Veterinary Medicine, Atlantic Veterinary College, Prince Edward Island |
| 203 | ONT | Ontario Veterinary College, University of Guelph, Guelph, Ontario |
| 204 | SKW | University of Saskatchewan, Western College of Veterinary Medicine, Saskatchewan, Saskatoon |

MEXICO AND CENTRAL AMERICA

| | | |
|---|---|---|
| 206 | AGU | Autonomous University of Aguascalientes, Aguascalientes, Mexico |
| 207 | TRN | Antonio Narro Autonomous Agriculture University, Torreon, Mexico |
| 208 | ARM | Autonomous University of Colima, Armeria, Mexico |
| 209 | TUX | Autonomous University of Chiapas, Tuxtla Gutierrez, Mexico |
| 210 | XOC | Autonomous Metropolitan University, Xochimilco, Mexico |
| 211 | ALT | Autonomous University of Guerrero, Altamirano City, Mexico |
| 212 | GUZ | University of Guadalajara, Guzman City, Mexico |
| 213 | CTL | Autonomous University of Mexico, Cuautitlan, Mexico |
| 214 | COM | Autonomous University of Nayarit, Compostela, Mexico |
| 215 | OAX | Benito Juarez Autonomous University, Oaxaca, Mexico |
| 216 | TEC | Autonomous University of Puebla, Tecamachalco, Mexico |
| 217 | CUL | Autonomous University of Sinaloa, Culiacan, Mexico |
| 218 | TPN | University of Veracruz, Tuxpan, Mexico |
| 219 | BAY | Institute of Higher Agricultural Sciences of Bayamo, Bayamo, Cuba |
| 220 | CGY | Faculty of Animal Science, Central University of Camaguez, Camaguez, Cuba |
| 221 | DUR | University of Juarez, Durango, Mexico |
| 222 | GUA | University of San Carlos, Guatemala |
| 223 | HAV | University of Havana, Faculty of Veterinary Medicine, Havana, Cuba |
| 224 | LV | University Central De Las Villas, Las Villas, Cuba |
| 225 | MEX | Autonomous National University of Mexico, Mexico City, Mexico |
| 226 | NIC | Central American University, Managua, Nicaragua |
| 227 | PHU | Pedro H. Urena National University, Santa Domingo, Dominican Republic |
| 228 | SD | University of Santo Domingo, Santo Domingo, Dominican Republic |
| 229 | TAM | Autonomous University of Tamaulipas, Victoria, Mexico |
| 230 | UG | University of Guadalajara, Guadalajara, Mexico |
| 231 | VER | University of Vera Cruz, Vera Cruz, Mexico |
| 232 | VIL | Juarez of Tobasco Autonomous University, Vilahermosa, Mexico |
| 233 | ZAC | Autonomous University of Zacatecas, Zacatecas, Mexico |
| 234 | ECE | Center of University Studies, Guadelupe, Mexico |
| 235 | EMV | Bajio University, Leon, Mexico |
| 236 | UCJ | Autonomous University of Ciudad Juarez, Ciudad Juarez, Mexico |
| 237 | UEM | University of Mexico State, Toluca, Mexico |
| 238 | UNL | Autonomous University of Nuevo Leon, Monterrey, Mexico |
| 239 | COS | School of Veterinary Medicine, National University, Heredia, Costa Rico |
| 240 | USN | Michoacan University of Saint Nicolas de Hidalgo, Morelia, Mexico |
| 241 | YUC | University of Yucatan, Merida, Mexico |
| 242 | SAN | Oriente Province University, Santiago, Cuba |
| 243 | SFM | Universidad Nordestana, Dominican Republic |
| 244 | ROS | Ross University School of Veterinary Medicine, St. Christopher and Nevis |

| | | |
|---|---|---|
| 245 | PED | Universidad Central del Este, Dominican Republic |
| 246 | BAJ | Autonomous University of Baja California, Mexicali, Mexico |
| 247 | SDM | Eugenia Maria de Hostos University, Santo Domingo, Dominican Republic |
| 248 | SUP | Superior School of Veterinary Medicine and Zootechnia, Puebla, Mexico |
| 249 | REY | Universidad Mexico Americana del Norte, Reynosa, Tamaulipas, Mexico |
| 800 | UWI | University of the West Indies, St. Augustine, Trinidad and Tobago |

**SOUTH AMERICA**

| | | |
|---|---|---|
| 250 | NUL | National University of Loja, Valdivieso, Ecuador |
| 251 | ARG | National University of La Plata, La Plata, Argentina |
| 252 | ASU | National University of Asuncion, San Lorenzo, Paraguay |
| 253 | BA | University of Buenos Aires, Buenos Aires, Argentina |
| 254 | BH | Minas Gerais University, Belo Horizonte, Brazil |
| 255 | BOG | National University of Columbia, Bogota, Columbia |
| 256 | BOT | Faculty of Medical Sciences and Biologics, Botucatu, Brazil |
| 257 | BRQ | Lisandro Alvarado Central Western University, Barquisimento, Venezuela |
| 258 | CAD | University of Caldas, Manizales, Colombia |
| 259 | CHC | Pedro Ruiz Gallo de Lambayeque National University, Chiclaya, Peru |
| 260 | CHI | University of Chile, Santiago, Chile |
| 261 | CHN | San Luis Gonzaga de Ica National University, Chincha, Peru |
| 262 | CO | National University of the Northeast, Corrientes, Argentina |
| 263 | CUR | Federal National University of Parana, Curitiba, Brazil |
| 264 | FOR | State University od Ceara, Fortaleza, Brazil |
| 265 | GOI | Federal university of Goias, Goiania, Brazil |
| 266 | GRM | Gabriel Rene Moreno University, Santa Cruz de la Sierra, Bolivia |
| 267 | GU | University of Guayaquil, Guayaquil, Ecuador |
| 268 | IBA | University of Tolima, Ibague, Columbia |
| 269 | LOJ | University of Loja, Loja, Ecuador |
| 270 | MAN | Technical University of Manabi, Portoviejo, Ecuador |
| 271 | MAR | University of the Zulia, Maracaibo, Venezuela |
| 272 | MED | University of Antioquia, Medellin, Colombia |
| 273 | MOT | University of Cordoba, Monteria, Colombia |
| 275 | NIT | School of Veterinary Medicine, Niteroi, Brazil |
| 276 | POR | Federal University of Rio Grande Do Sol, Porto Alegre, Brazil |
| 277 | PU | National Technical University of Altiplano, Puno, Peru |
| 278 | QUI | Central University, Quito, Ecuador |
| 279 | RDJ | National Veterinary College, Itaguai, Brazil |
| 280 | REC | University of Pernambuco, Recife, Brazil |
| 281 | SAL | Federal University of Bahia, Salvador, Brazil |
| 282 | SM | National University of San Marcos, Lima, Peru |
| 283 | SP | University of Sao Paulo, Sao Paulo, Brazil |
| 284 | URU | University of The Republic, Montevideo, Uruguay |
| 285 | USM | University of Santa Maria, Santa Maria, Brazil |
| 286 | VAL | Austral University of Chile, Valdivia, Chile |
| 287 | VEN | Central University of Venezuela, Maracay, Venezuela |
| 288 | ESP | National University of the Litoral, Esperanza, Argentina |
| 289 | TAN | Central National University of Buenos Aires Province, Tandil, Argentina |
| 290 | UMG | State University of Mato Grosso, Campo Grande, Brazil |
| 291 | PEL | Rural University Rio Grand-Sol, Pelotas, Brazil |
| 292 | CUA | National University of Rio Cuarto, Rio Cuarto, Argentina |
| 293 | PAM | National University of La Pampa, General Pico, Argentina |
| 294 | UNR | National University of Rosario, Casilda, Argentina |
| 295 | UJB | Jose Ballivan University, Trinidad, Bolivia |
| 296 | SLM | Federation of Higher Schools of Maranhao, Sao Luis, Brazil |
| 297 | CUI | Cuiba University, Cuiba, Brazil |
| 298 | UBR | Federal University of Uberlandia, Uberlandia, Brazil |
| 299 | VIS | Federal University of Viscosa, Viscosa, Brazil |
| 300 | BLM | Faculty of Agrarian Sciences of Para, Belem, Brazil |
| 601 | PAT | State University of Paraiba, Patos, Brazil |

| | | |
|---|---|---|
| 602 | LDR | State University of Londrina, Londrina, Brazil |
| 603 | TER | Federal University of Piaui, Teresina, Brazil |
| 604 | UGA | Catholic University, Uruguaiana, Brazil |
| 605 | BGI | United Faculty of Bage, Bagi, Brazil |
| 606 | LAG | University of Santa Catarina, Lages, Brazil |
| 607 | JBC | State Paulist University Julio de Mesquito Filho, Jaboticabal, Brazil |
| 608 | CHL | University of the Conception, Chillan, Chile |
| 609 | BTA | School of Veterinary Medicine, Bogota, Colombia |
| 610 | ORO | Technical University of Machala, El Oro, Ecuador |
| 611 | CAJ | National Technical University of Cajamarca, Cajamarca, Peru |
| 612 | CRO | Francisco de Miranda University, Coro, Venezuela |

EUROPE

| | | |
|---|---|---|
| 301 | ALB | Higher Institute of Agriculture, Tirana, Albania |
| 302 | ALF | Alfort National Veterinary School, Maisons-Alfort, France |
| 303 | BEL | University of Liege, Brussels, Belgium |
| 304 | BER | Free University, Berlin, Germany |
| 305 | BOL | University of Bologna, Bologna, Italy |
| 306 | BRI | University of Bristol, Bristol, England |
| 307 | BRN | University of Bern, Bern, Switzerland |
| 308 | BRO | University of Veterinary Medicine, Brno, Czechoslovakia |
| 309 | BUO | N. Balcescu Agricultural Institute, Bucharest, Romania |
| 310 | BUD | University of Veterinary Science, Budapest, Hungary |
| 311 | CAM | University of Cambridge, Cambridge, England |
| 312 | CLU | Dr Petru Groza Agricultural Institute, Ciuj, Romania |
| 313 | COP | The Royal Veterinary and Agricultural University, Copenhagen, Denmark |
| 314 | EST | Estonian Agricultural Academy, Tartu, Estonian SSR |
| 316 | DU | University College, Dublin, Ireland |
| 317 | DUB | University of Dublin, Dublin, Ireland |
| 318 | EDN | University of Edinburgh, Edinburgh, Scotland |
| 320 | GHE | College of Veterinary Medicine, Ghent, Belgium |
| 321 | GLA | University of Glasgow, Glasgow, Scotland |
| 322 | GSN | Justus Liebig University, Giessen, Germany |
| 323 | HAN | Veterinary College of Hannover, Hannover, Germany |
| 324 | HEL | College of Veterinary Medicine, Helsinki, Finland |
| 325 | IAS | Ion Jonescu De La Brad Agricultural Institute, Iasi, Romania |
| 326 | KOS | University of Agriculture, Kosice, Czechoslovakia |
| 327 | LAA | Latvian Agricultural Academy, Elgava, Latvian SSR |
| 328 | LAT | University of Latvia, Riga, Latvia |
| 329 | LEO | University of Oviedo, Leon, Spain |
| 330 | LIS | Technical University of Lisbon, Lisbon, Portugal |
| 331 | LIV | University of Liverpool, Liverpool, England |
| 332 | LJU | University of Ljubljana, Ljubljana, Yugoslavia |
| 333 | LON | The Royal Veterinary College, London, England |
| 334 | LUB | Higher School of Agriculture, Lubin, Poland |
| 335 | LVO | L'vov Zootechnical and Veterinary Institute, L'vov, Ukrainian SSR |
| 336 | LYO | Lyon National Veterinary School, Lyon, France |
| 337 | MAD | University of Madrid, Madrid, Spain |
| 338 | MES | University of Messina, Messina, Italy |
| 339 | MIL | University of Milan, Milan, Italy |
| 340 | MUN | Ludwig Maximillan University, Munich, Germany |
| 341 | NAP | University of Naples, Naples, Italy |
| 342 | NOR | Veterinary College of Norway, Oslo, Norway |
| 343 | PAR | University of Parma, Cornocchio, Italy |
| 344 | PER | University of Perugia, Perugia, Italy |
| 345 | PIS | University of Pisa, Pisa, Italy |
| 346 | SAR | University of Sarajevo, Sarajevo, Yugoslavia |
| 347 | SAS | University of Sassari, Sassari, Italy |
| 348 | SEV | University of Seville, Cordoba, Spain |

| | | |
|---|---|---|
| 349 | SOF | Institute of Veterinary Medicine, Stara Zagora, Bulgaria |
| 350 | UPP | Swedish University of Agricultural Sciences, Uppsala, Sweden |
| 351 | THE | Aristotle University of Thessaloniki, Thessaloniki, Greece |
| 352 | TIM | Agricultural Institute, Timisoara, Romania |
| 353 | TOR | University of Torino, Torino, Italy |
| 354 | TOU | Toulouse National Veterinary College, Toulouse, France |
| 355 | UT | Government University of Utrecht, Utrecht, Netherlands |
| 356 | UTU | Ukrainian Technical University, Munich, Germany |
| 357 | VI | Vienna Veterinary College, Vienna, Austria |
| 358 | WAR | University of Agriculture, Warsaw, Poland |
| 359 | WRO | Higher School of Agriculture, Wroclaw, Poland |
| 360 | YUG | University of Belgrade, Belgrade, Yugoslavia |
| 361 | ZAG | University of Zagreb, Zagreb, Yugoslavia |
| 362 | ZAR | University of Zaragoza, Zaragoza, Spain |
| 363 | ZUR | University of Zurich, Zurich, Switzerland |
| 364 | LEI | University of Leipzig, Leipzig, Germany |
| 365 | BAI | University of Bari, Bari, Italy |
| 366 | OKP | Higher School of Agriculture, Olszytn-Kortowo, Poland |
| 431 | KAU | Lithuanian Agriculture Academy, Kaunas, Lithuanian SSR |

**USSR AND ASIA**

| | | |
|---|---|---|
| 401 | AA | Alma-Ata Zootechnical and Veterinary Institute, Alma-Ata, Kazakh SSR |
| 403 | AIA | Azerbaidzhan Institute of Agriculture, Kirovobad, USSR |
| 405 | AND | Andhra Veterinary College, Tirupati, India |
| 406 | ANK | Ankara University, Ankara, Turkey |
| 407 | ASM | Assam Veterinary College, Guahati, India |
| 408 | BAG | University of Baghdad, Baghdad, Iraq |
| 409 | BAN | Kasetsart University, Bangkok, Thailand |
| 410 | BAR | Altai Agricultural Institute, Barnaul, Russian SFSR |
| 411 | BEN | Bengal Veterinary College, Calcutta, India |
| 412 | BIH | Bihar Veterinary College, Patna, India |
| 413 | BIL | Belaya Cerkov Institute of Agriculture, Belaya Cerkov, Ukrainian SSR |
| 414 | BLA | Blagovescensk Institute of Agriculture, Blagovescensk, Russian SFSR |
| 415 | BOM | Bombay Veterinary College, Bombay, India |
| 416 | CEY | University of Sri Lanka, Peradeniya, Sri Lanka |
| 417 | CH | Gyeongsang National University, Chinju, Korea |
| 418 | CHE | Cheju College, Cheju, Korea |
| 419 | CHO | Chon Nam National University, Kwangju, Korea |
| 420 | CHU | Chulalongkorn University, Bangkok, Thailand |
| 421 | CU | Chon-Puk University, Chonju, Korea |
| 422 | DUS | Tadzhik Agricultural Institute, Dusanbe, Tadzhik SSR |
| 423 | EPA | Bangladesh Agricultural University, Mymensingh, Bangladesh |
| 424 | ERE | Erevan Zootechnical and Veterinary Institute, Erevan, Armenian SSR |
| 425 | GUJ | Gujarat College of Veterinary Science and Animal Husbandry, Anand, India |
| 426 | HAR | Haryana College of Veterinary Medicine, Hissar, India |
| 427 | HYD | Andhra Pradesh Agriculture University, Hyderabad, India |
| 429 | JAB | Madhya Pradesh College of Veterinary Medicine and Animal Husbandry, Jabalpur, India |
| 430 | DUG | College of Veterinary science and Animal Husbandry, Durg, India |
| 432 | KER | Kerala Veterinary College, Trichur, India |
| 433 | KH | Kharkov Zootechnical and Veterinary Institute, Kharkov, Ukrainian SSR |
| 434 | KI | Kirov Agricultural Institute, Kirov, Russian SFSR |
| 435 | KIE | Ukrainian Academy of Agriculture, Kiev, Ukrainian SSR |
| 436 | KIR | Kirghiz Agricultural Institute, Frunze, Kirghiz SSR |
| 437 | KVI | Kazan Veterinary Institute, Kazan, Russian SFSR |
| 438 | KYU | Kyung-Puk National University, Taegu, Korea |
| 439 | LAH | University of Agriculture at Lyallpur, Lahore, Pakistan |
| 440 | LEN | Leningrad Veterinary Institute, Leningrad, Russian SFSR |
| 442 | FAI | University of Agriculture, Faisalabad, Pakistan |
| 443 | MAH | Dageston Institute of Agriculture, Mahackala, Russian SFSR |

| | | |
|---|---|---|
| 444 | MAS | Tamil Nadu Agricultural College, Madras Veterinary College, Madras, India |
| 445 | MOS | Moscow Veterinary Academy, Moscow, Russian SFSR |
| 446 | MPC | Madhya Pradesh College of Veterinary Science and Animal Husbandry, Mhow, India |
| 447 | MYS | Mysore Veterinary College, Bangalore, India |
| 448 | NAG | Nagpur Veterinary College, Nagpur, India |
| 449 | NOV | Novocerkask Institute of Animal Husbandry and Veterinary Science, Novocerkask, Russian SFS |
| 450 | ODE | Odessa Institute of Agriculture, Odessa, Ukrainian SSR |
| 451 | OMS | Omsk State Veterinary Institute, Omsk, Russian SFSR |
| 452 | ORE | Orenburg Agriculture Institute, Orenburg, Russian SFSR |
| 453 | ORI | Orissa College of Veterinary Science and Animal Husbandry, Bhubaneshwar, India |
| 454 | OSM | Osmania University, Hyderabad, India (Incorporated in #427)+ |
| 455 | PEK | Army Veterinary College, Peking, China |
| 456 | PUN | Punjab College of Veterinary Science and Animal Husbandry, Ludhiana, India |
| 457 | RA | Ranchi College of Veterinary Science and Animal Husbandry, Ranchi, India |
| 458 | RAJ | Rajasthan College of Veterinary Science and Animal Husbandry, Bikaner, India |
| 459 | RAN | Institute of Animal Husbandry and Veterinary Science, Rangoon, Burma |
| 460 | SAI | School of Zootechnical and Veterinary Science, Saigon, Viet Nam |
| 461 | SAM | Samarkand Agricultural Institute, Samarkand, Uzbek SSR |
| 462 | SEM | Semipalatinsk Animal and Veterinary Institute, Semipalatinsk, Kazakh SSR |
| 463 | SEO | City College of Seoul, Seoul, Korea |
| 464 | SNU | Seoul National University, Suwon, Korea |
| 465 | STA | Stavropol Agricultural Institute, Stavropol, Russian SFSR |
| 466 | SVE | Sverdlovsk Agricultural Institute, Sverdlovsk, Russian SFSR |
| 467 | SVI | Saratov Veterinary Institute, Saratov, Russian SFSR |
| 468 | TBI | Georgian Veterinary Institute, Tbilisi, Georgian SSR |
| 469 | TEH | University of Teheran, Teheran, Iran |
| 470 | TRO | Troick Veterinary Institute, Troick, Russian SFSR |
| 471 | TU | Turkmenian Agricultural Institute, Askabad, Turkmenian SSR |
| 472 | UFA | Bashkir Agricultural Institute, Ufa, Russian SFSR |
| 473 | ULA | Buryat Agricultural Institute, Ulan-Ude, Russian SFSR |
| 474 | ULJ | Uijanovsk Agricultural Institute, Uijanovsk, Russian SFSR |
| 475 | UPC | Uttar Pradesh College of Veterinary Science and Animal Husbandry, Mathura, India |
| 476 | UPU | Uttar Pradesh Agricultural University, Pantnagar, India |
| 477 | VIT | Vitebsk Veterinary Institute, Vitebsk, Byelorussian SSR |
| 479 | VOR | Voronez Agricultural Institute, Voronez, Russian SFSR |
| 481 | NUK | National University of Kwangsi, China |
| 483 | PVS | Shiraz University, Shiraz, Iran |
| 484 | MTI | Moscow Technological Institute, Moscow, Russian SFSR |
| 486 | MMI | Marathwada Agricultural University, Maharashtra, India |
| 487 | PPC | University of Agricultural Science, Phnom Penh, Cambodia |
| 488 | TAJ | College of Agriculture, Tando Jam, Pakistan |
| 489 | KKU | Kon-Kuk University, Seoul, Korea |
| 490 | ALS | Aleppo University, Hama, Syria |
| 491 | ELA | Elazig Veterinary Faculty, Ankara University, Elazig, Turkey |
| 492 | KUR | Kursk Agricultural Institute, Kursk, Russian SFSR |
| 493 | IST | College of Veterinary Medicine, Istanbul, Turkey |
| 494 | JEO | Jeonbug National University, Jeonju, Korea |
| 495 | SEL | Serdang Selangor, Faculty of Veterinary Medicine and Animal Science, Universiti Pertanian, Malaysia |
| 496 | JER | Koret School of Veterinary Medicine, The Hebrew University of Jerusalem, Jerusalem, Israel |
| 497 | MOS | College of Veterinary Medicine, University of Mosul, Iraq |
| 498 | NAM | Department of Veterinary Medicine, Agricultural College, Chung Nam University, Korea |

**AUSTRALIA AND NEW ZEALAND**

| | | |
|---|---|---|
| 501 | MEL | University of Melbourne, Parkville, Australia |
| 502 | NZ | Massey University, Palmerston North, New Zealand |
| 503 | QLD | University of Queensland, Brisbane, Australia |
| 504 | SYD | University of Sydney, Sydney, Australia |
| 505 | MUR | Murdoch University, Murdoch, Australia |

**AFRICA**

| | | |
|---|---|---|
| 521 | ABU | Ahmadu Bello University, Zaria, Nigeria |
| 522 | AU | Asyut University, Asyut, Egypt |
| 523 | CAI | Cairo University, Giza, Egypt |
| 524 | IB | University of Ibadan, Ibadan, Nigeria |
| 525 | KHA | University of Khartoum, Khartoum North, Sudan |
| 526 | MAK | Makere University, Kampa, Uganda+ |
| 527 | NAI | University of Nairobi, Kabete, Kenya |
| 529 | OND | University of Pretoria, Onderstepoort, South Africa |
| 530 | UD | University of Dakar, Dakar, Senegal |
| 531 | MOZ | University of Mozambique, Laurenco Marquez, Mozambique |
| 532 | NLA | Faculty of Veterinary Science, Nova Lisboa, Angola |
| 533 | ZEG | Zagazig University, Zagazig, Egypt |
| 534 | MOR | Hassan II Agricultural and Veterinary Institute, Rabat-Agdal, Morocco |
| 535 | NIG | University of Nigeria, Nsukka, Nigeria |
| 536 | MAI | Faculty of Veterinary Medicine, University of Maiduguri, Nigeria |
| 537 | ALE | University of Alexandria, Alexandria, Egypt |
| 538 | SID | National School of Veterinary Medicine, Sidi Thabet, Tunisia |
| 539 | ALG | National Veterinary School, Alger, Algeria |
| 540 | BSE | Faculty of Veterinary Medicine in Bane-Suif, Cairo, Egypt |
| 541 | AAE | University of Addis Ababa, Debre Zeit, Ethiopia |
| 542 | FAR | Faculty of Veterinary Medicine, Higher Institute of Agronomy and Veterinary Medicine, Faranah, Guinea Republic |
| 543 | TRI | Faculty of Veterinary Medicine, Al-Fateh University, Tripoli, Libya |
| 544 | SAK | Usmanu Danfodrjo University, Sakoto, Nigeria |
| 545 | SOM | Faculty of Veterinary Medicine and Animal Production, Mogadishu, Somalia |
| 546 | SOK | Faculty of Veterinary Medicine, Sokoine, University of Agriculture, Morogoro, Tanzania |
| 547 | ZAI | Universite de Lubumbashi, Zaire |
| 548 | ZAM | University of Zambia, Lusatia, Zambia |
| 549 | ZIM | University of Zimbabwe, Harare, Zimbabwe |

**PACIFIC AREA**

| | | |
|---|---|---|
| 551 | ARA | Araneta University, Malabon, Philippines |
| 552 | AZA | Azabu Veterinary College, Sagamihara, Japan |
| 553 | EBE | College of Dairy Agriculture, Ebetsu, Japan |
| 554 | FUC | Tokyo University of Agriculture and Technology, Fuchu, Japan |
| 555 | GIF | University of Gifu, Kagamihara, Japan |
| 556 | GMU | Gadjah Madal University, Jogjakarta, Indonesia |
| 557 | HOK | University of Hokkaido, Sapporo, Japan |
| 558 | IN | Institute Pertanian, Bogor, Indonesia |
| 559 | IWA | University of Iwate, Morioka, Japan |
| 560 | KAG | University of Kagoshima, Kagoshima, Japan |
| 561 | MIY | University of Miyazaki, Miyazaki, Japan |
| 562 | NIH | Nihon University, Tokyo, Japan |
| 563 | NIP | Nippon Veterinary and Zootechnical College, Musashino, Japan |
| 564 | OBI | Obihiro Zootechnical University, Obihiro, Japan |
| 565 | OSA | University of Osaka Prefecture, Sakai, Japan |
| 566 | PHI | University of Philippines, Diliman, Philippines |
| 568 | SKU | Sijan Kuala University, Banda Atjeh, Indonesia |
| 569 | TAI | National Taiwan University, Taipei, Taiwan |
| 570 | TOK | University of Tokyo, Tokyo, Japan |

| | | |
|---|---|---|
| 571 | TOT | University of Tottori, Tottori, Japan |
| 572 | YAM | University of Yamaguchi, Yamaguchi, Japan |
| 574 | KEI | Keio University, Japan |
| 575 | FBV | Francisco Balagtas College of Veterinary Medicine, Bacaue, Philippines |
| 576 | IVM | Miraculous Virgin Educational Institutions, San Carlos, Philippines |
| 577 | FAT | Fatima College of Veterinary Medicine, Fatima Medical Sciences Foundation, Inc., Valenzuela, Metro Manila, Philippines |
| 578 | SVM | University of the Philippines, Los Banos, Philippines |
| 579 | UEP | University of Eastern Philippines, Catarman, Philippines |
| 580 | CHT | National Chung Hsin University, Taichung, Taiwan |
| 581 | AIR | University of Airlangga, Surabaja, Indonesia |
| 582 | KIT | Kitazato University, Towada, Japan |
| 583 | PIN | National Ping-Tung Institute of Agriculture, Ping-Tung, Taiwan |
| 584 | CCP | Southwestern University, Cebu City, Philippines |
| 666 | NVG | Non-Veterinary Graduate+ |

+ Schools no longer in existence.

United States Department of Agriculture
Animal and Plant Health Inspection Service
P.O. Box 96464
Washington, DC
20090-6464

Dear Dr.

I am pleased to inform you that I have approved your application for veterinary accreditation in the State of

My decision, effective as of this date, was based on the recommendation of the State and Federal animal health officials in your State who have determined that you meet all the requirements for accreditation.

The responsibilities of an accredited veterinarian are not to be taken lightly. Our credibility within the agriculture industry and the integrity of our international export markets are often affected by the manner in which we carry out our duties as accredited veterinarians. I trust that your performance as a representative of the Federal Government will always be in accordance with the Standards for Accredited Veterinarians.

Your Certificate of Veterinary Accreditation is forthcoming. I wish you well in your endeavors as an accredited veterinarian.

Sincerely,

SAMPLE

Billy G. Johnson
Deputy Administrator
Veterinary Services

# Veterinary Accreditation

United States Department of Agriculture

Animal and Plant Health Inspection Service

Veterinary Services

This is to certify that

*Jane M. Doe*

a graduate of Colorado State University
class of 1990 holding Veterinary License No. 2345
is accredited in the State of Colorado
to perform official services in connection with interstate and international movements of animals and with cooperative State-Federal animal health programs.

Recommended by

James M Williams DVM
State Animal Health Official

P R Henry
Federal Veterinarian in Charge

Approved by

Billy G Johnson
Deputy Administrator

July 29, 1992
Date of Accreditation

VS Form 1–36
Revised April 1985

*Previous editions obsolete.*

Enclosure 4

Enclosure 5

VETERINARY ACCREDITATION ORIENTATION

I have received an orientation in the following topics:

1. Federal animal health laws, regulations, and rules;

2. Interstate movement requirements for animals;

3. Import and export requirements for animals;

4. USDA animal disease eradication and control programs;

5. Laboratory support in confirming disease diagnoses;

6. Ethical/Professional responsibilities of an accredited veterinarian; and

7. Animal health procedures and issues relevant to the State in which the veterinarian wishes to perform accredited duties.

I have received the following materials:

[ ] Standards for Accredited Veterinarian Duties
[ ] Veterinary Accreditation: A Reference Guide for Practitioners
[ ] Veterinary Services Notices and Memorandums concerning the Accreditation Program
[ ] Bovine Brucellosis Uniform Methods and Rules
[ ] Swine Brucellosis Uniform Methods and Rules
[ ] Tuberculosis Uniform Methods and Rules
[ ] Scrapie Uniform Methods and Rules
[ ] Other_____
[ ] Other_____

I agree to conduct all activities as an accredited veterinarian in accordance with the Standards for Accredited Veterinarian Duties contained in Title 9, Code of Federal Regulations, Subchapter J, Part 161.3, and any amendments thereto which may subsequently be issued and in accordance with instructions received from State and Federal Animal Health Officials.

_____ _____
(Veterinarian/Veterinary Student) (Date)

_____ _____
(Area Veterinarian in Charge) (Date)

_____ _____
(State Animal Health Official) (Date)

No accreditation may be granted unless a completed application form has been received (9 CFR 161) See reverse side for additional OMB information FORM APPROVED OMB NO 0579-0032

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

# APPLICATION FOR VETERINARY ACCREDITATION

| 1 NAME OF VETERINARIAN *(as used professionally, including degree)* | 2. SOCIAL SECURITY NUMBER |
|---|---|
| | |

3. SCHOOL/COLLEGE GRADUATED

| 3A. NAME | 3B. CODE | 3C. YEAR GRADUATED |
|---|---|---|
| | | |

4. INITIAL ORIENTATION COMPLETED

| 4A. DATE | 4B. STATE |
|---|---|
| | |

| 5 BUSINESS ADDRESS | 6. MAILING ADDRESS *(if different from Number 6)* |
|---|---|
| | |

| 7 OFFICE TELEPHONE NUMBER | 8. HOME TELEPHONE NUMBER | 9. NAME OF COUNTY WHERE PRACTICE IS LOCATED *(County Code to be entered by Veterinary Services)* |
|---|---|---|
| ( ) | ( ) | |

| 10 TYPE OF PRACTICE | CODE | 11. LICENSED TO PRACTICE VETERINARY MEDICINE IN THE FOLLOWING STATE(S) *(Give State and License Number - Example TX-00000)* |
|---|---|---|
| | | |

## TASKS FOR ACCREDITED VETERINARIANS

1 Perform physical examinations of individual animals and visually inspect herds or flocks.

2 Recognize the common breeds of livestock

3. Recognize brucellosis tattoos and calfhood vaccination tags, and determine the state of origin of eartags.

4 Estimate the age of livestock using a dental formula.

5 Apply an eartag, tattoo, backtag, and legband

6 Certify the disease status of a flock for shipment of birds.

7 Properly complete certificates for domestic and international movement of animals

8 Apply and remove official seals

9 Perform a necropsy on livestock

10 Recognize signs and lesions of exotic animal diseases.

11 Plan a disease control strategy for a livestock unit.

12. Vaccinate for brucellosis and fill out the vaccination certificate

13 Draw and ship blood for testing

14 Perform a caudal fold test for tuberculosis.

15 Develop cleaning and disinfection plans to control communicable livestock disease spread.

16 Explain basic principles for control of diseases for which APHIS or APHIS-State cooperative programs exist, such as brucellosis, pseudorabies, and tuberculosis

## CERTIFICATION

I certify that I am able to perform the tasks listed above and have been given a copy of the Standards for Accredited Veterinarian Duties. I agree to conduct all activities as an accredited veterinarian in accordance with the Standards for Accredited Veterinarian Duties contained in Title 9, Code of Federal Regulations, Subchapter J, Part 161.3, and any amendments thereto which may subsequently be issued and in accordance with instructions received from the Veterinarian-in-Charge

| 12 SIGNATURE OF VETERINARIAN | 13. DATE |
|---|---|
| | |

**Signatures of the Veterinarian-In-Charge and the State Animal Health Official appearing below denote endorsement of the applicant for veterinary accreditation.**

| 14 SIGNATURE OF VETERINARIAN IN CHARGE | 15. DATE |
|---|---|
| | |
| **16 SIGNATURE OF STATE ANIMAL HEALTH OFFICIAL** | **17 DATE** |
| | |

VS FORM 1-36A (APR 93) *(Previous editions are obsolete.)* *(Over)*

Public reporting burden for this collection of information is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

## PRIVACY ACT NOTICE

### General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) December 31, 1974, for individuals completing VS Form 1-36A.

### Authority

U.S. Code, Title 5, Section 3301.

### Purpose and Use

The primary purpose of the information solicited directly from applicants, eligibles, appointees, or employees is to make determinations of fitness, knowledge and ability to be employed in the Federal competitive service.

This information may be shared with the Office of Personnel Management, or with any Federal agency with the need-to-know and conducting official business with the Office of Personnel Management.

### Effects of Nondisclosure

Although all of the information is voluntarily furnished, failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position.

**Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7 (b)** *(Privacy Act of 1974)* - Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of Agriculture is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Agriculture. The SSN also will be used by the U.S. Department of Agriculture and other Federal Agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

**VS FORM 1-36A (Reverse)**

United States Department of Agriculture

Animal and Plant Health Inspection Service

P.O. Box 96464
Washington, DC
20090-6464

December 28, 1992

VETERINARY SERVICES MEMORANDUM NO. 576.1

Subject: Rules of Practice Governing Veterinary Accreditation Disciplinary Action

To: Directors, VS Regions
Area Veterinarians in Charge, VS

## I. PURPOSE

The purpose of this memorandum is: (1) to outline procedures for AVIC's to follow when it appears that an accredited veterinarian has violated the Standards for Accredited Veterinarian Duties, and (2) to provide guidelines for assessing penalties when it is determined that an accreditation violation exists.

## II. CANCELLATION

Veterinary Services (VS) Memorandum No. 576.1, dated December 1, 1992, is hereby canceled and should be destroyed.

## III. VIOLATIONS OF VETERINARY ACCREDITATION STANDARDS

When a violation of a veterinary accreditation standard is suspected, a request for an investigation should be made to appropriate Regulatory Enforcement (RE) personnel and should be filed in the Veterinary Services Area Office. Investigations should be completed in accordance with RE procedures and the investigative reports submitted to the Area Veterinarian in Charge (AVIC). If a case is to be submitted to the U.S. Attorney's Office for criminal prosecution or if it is under investigation by the Office of Inspector General (OIG), AVIC's should not proceed administratively until seeking the advice of the Sheep, Goat, Equine, and Poultry Diseases (SGEPD) Staff, RE headquarters Staff, and the Office of the General Counsel (OGC). OGC will grant clearance to proceed administratively if the U.S. Attorney's Office or OIG has determined that to do so will not jeopardize the criminal investigation. AVIC's have the following options after receiving an investigative file for an accreditation violation:

A. The case can be dismissed for lack of violation or lack of attainable evidence.

B. If a violation appears to exist but evidence is lacking, AVIC's should request further investigation into the violation.

C. When the violation is determined to be caused by minor administrative errors, the case can be dismissed followed by a letter of information instructing the accredited veterinarian in proper procedures and admonishing the veterinarian to use greater care (see Attachment 1, VS Memorandum No. 576.1, Supplement No. 1).

D. If the AVIC believes that a serious violation has occurred that does not warrant suspension or revocation of accreditation, AVIC's can close the case by sending a letter of warning identifying the standards which were breached and informing the veterinarian of proper procedures to be followed (see Attachment 2, VS Memorandum No. 576.1, Supplement No. 1).

E. If the AVIC believes that a serious violation has occurred that warrants either suspension or revocation, he/she shall invite the veterinarian to an informal conference to discuss the alleged violation (see Attachment 3, VS Memorandum No. 576.1, Supplement No. 1).

## IV. INFORMAL CONFERENCES

A. The rules of practice governing revocation or suspension of a veterinarian's accreditation and informal conference regulations are listed in Part 162, Subpart B-Supplemental Rules of Practice, Title 9, Code of Federal Regulations (9 CFR).

B. When the AVIC believes that an alleged violation is serious enough to warrant suspension or revocation, he/she shall notify the accredited veterinarian in writing, identifying the specific instances in which the Standards were violated and offering the veterinarian an opportunity to discuss the alleged violation at an informal conference. The AVIC shall determine the time and place of the informal conference, taking into consideration the schedule and convenience of the State animal health official (SAHO) and the location of the accredited veterinarian. Whenever possible, the informal conference should be held in or near the Area Office. The AVIC shall conduct the informal conference. The RE investigator who performed the investigation shall be in attendance at the informal conference to substantiate the investigative report.

C. The American Veterinary Medical Association (AVMA) has requested that APHIS allow a representative of the State veterinary medical association to attend each informal conference held with an accredited veterinarian. As an observer, the State association's representative is in a position to monitor the proceedings and suggest subsequent positive action on the part of the association. When the AVIC is arranging an informal conference, an invitation will be extended to the State veterinary medical association to send a representative veterinarian to observe the proceedings. Notice of the invitation to the State association must be included in the letter to the accredited veterinarian requesting his/her presence at the informal conference. The accredited veterinarian must also be informed that if he/she does not wish the observer to be present, the AVIC must be notified immediately. The AVIC can then advise the State association of the veterinarian's decision.

D. If the accredited veterinarian declines to come to an informal conference but consents to a suspension or revocation, a letter certifying agreement with the penalty should be prepared and sent to him/her for signature (see Attachment 4, VS Memorandum No. 576.1, Supplement No. 1).

E. At the conclusion of the informal conference, AVIC's have the following options:

1. If the AVIC determines there was no violation, the case can be dismissed with no further action.

2. When the violation is determined to be caused by minor administrative errors, the case can be dismissed, followed by a letter of information instructing the accredited veterinarian in proper procedures and admonishing the veterinarian to use greater care (see Attachment 5, VS Memorandum No. 576.1, Supplement No. 1).

3. If the AVIC believes that a serious violation has occurred and it does not warrant suspension or revocation of the veterinarian's accreditation, the AVIC can close the case by issuing a letter of warning which identifies the Standards that were breached and informs the veterinarian of proper procedures to be followed (see Attachment 6, VS Memorandum No. 576.1, Supplement No. 1).

4. If the AVIC believes that a serious violation has occurred and that a suspension or revocation of the veterinarian's accreditation is warranted and the veterinarian consents in writing to such a suspension or revocation, the case can be closed with the consent agreement delineating the terms of the suspension or revocation (see Attachments 7 and 8, VS Memorandum No. 576.1, Supplement No. 1).

a. Immediately at the start of the veterinarian's suspension or revocation, it shall be the responsibility of the Veterinary Medical Officer (VMO) to ensure that all official supplies (e.g., official tags, forms, VS purchased Brucella abortus vaccine, and card test kits) are confiscated. These materials shall be held by the VMO or in the Veterinary Services Area Office for the duration of the suspension or revocation. An order for revocation or suspension shall be placed in the case file and a copy sent to the Regional Director (see Attachment 9, VS Memorandum No. 576.1, Supplement No. 1).

5. All cases closed at the field level shall be forwarded to the SGEPD Staff for review. SGEPD Staff will subsequently send these cases to the RE headquarters Staff for filing. If there is a concurrent animal quarantine case involving the same individual, the AVIC shall notify the RE headquarters Staff and the AVIC's in all involved States immediately upon closure of the case.

6. If the AVIC believes that a serious violation has occurred such that a suspension or revocation of the veterinarian's accreditation is warranted and the accredited veterinarian does not agree to sign a consent

agreement at the informal conference, the case shall be sent to SGEPD Staff for review and initiation of formal action. Immediately upon receipt of the case, a copy will be made and distributed to RE Staff. RE Staff will enter the case into the Compliance Investigative Tracking System (CITS) and conduct a concurrent review.

## IV. DECISION GUIDELINES

As an aid in assessing more uniform penalties for violations of the Standards for Accredited Veterinarian Duties, the following guidelines should be used. Significant deviations from these guidelines should be discussed with the appropriate Regional Director, SGEPD Staff member, and RE investigator prior to assessing a penalty so that some uniformity can be maintained.

Before the informal conference, the AVIC shall review each subsection of 9 CFR, Part 161.3, to determine if a standard has been violated. The following list outlines the standards for accreditation and suggested penalties for violations of each standard. The penalties listed are all minimal unless there are mitigating circumstances. Mitigating circumstances would include prior violations, the number of times the standard was violated, whether the violation was intentional or an error of fact, and the possibility of disease spread. In cases where the AVIC feels there are mitigating circumstances other than those listed, SGEPD Staff should be consulted before assessing a penalty.

In cases where the veterinarian has no prior violations and there are no mitigating circumstances, the AVIC may issue a letter of warning in lieu of a suspension if it is felt that (1) the accredited veterinarian understands the Standards and his/her responsibilities under the accreditation program, and (2) the accredited veterinarian will comply with the Standards in the future. In cases where there is at least one prior violation of the Standards, AVIC's are strongly advised to consider the minimum penalties listed below.

In cases where one or more standard is violated multiple times and the violation was not an error of fact, the minimum penalty should be increased. If the AVIC feels the violation was intentional on the accredited veterinarian's part, the minimum penalty should also be increased. Where a real possibility of, or actual disease spread has occurred, the AVIC should consider an increased penalty or possible revocation.

When a violation has occurred that appears to be blatant disregard of the Standards or fraudulent action, the AVIC should recommend revocation of the veterinarian's accreditation. In these cases, SGEPD Staff should be consulted as soon as possible after discovering such action.

A. Accredited veterinarians are personally responsible for performing prescribed tests, treatments, vaccinations, inspections, or examinations on each individual or group of animals before signing certificates or other documents stating the results of such. Violations of this standard should result in a penalty of at least 90 days.

B. Accredited veterinarians are responsible for identifying animals and completing certificates and other documents, as well as properly distributing copies to the appropriate parties. Minimum penalty for a violation of this standard should be a 90 day suspension.

C. If the results of tests, treatments, vaccinations, or other allowable procedures are to be used on official certificates or other forms, they must be accurately documented. Failure to do so should result in a minimum 60 day suspension.

D. Required procedures and laboratory submissions should be done in accordance with State and/or Federal regulations and instructions issued by the AVIC. If regulations and instructions are not followed, a minimum of 60 days should be assessed.

E. Reactor animals should be tagged or identified in accordance with the instructions of the AVIC and/or SAHO. Violations of this standard should result in a penalty of at least 90 days.

F. An accredited veterinarian is responsible for reporting any suspected or diagnosed cases of communicable animal disease for which APHIS has an eradication or control program. Accredited veterinarians are also responsible for immediately reporting all diagnosed or suspected cases of animal disease not known to exist in the United States. A minimum of 60 days should be assessed for a violation of this standard.

G. Accredited veterinarians are responsible for knowing basic sanitation and disinfection procedures for controlling the spread of animal disease. Failure to follow minimum accepted standards for the veterinary profession should result in a suspension of at least 60 days.

H. Accredited veterinarians are responsible for remaining current on the regulations concerning animal movement and disease control and eradication. A minimum penalty of 60 days should be assessed for violation of this standard.

I. Drugs, chemicals, vaccines, serums, and other biological products regulated by APHIS or other Federal agencies should be used in accordance with published regulations or procedures. Failure to do so should result in a minimum 90 day suspension.

J. Accredited veterinarians are responsible for the security and proper use of all forms and supplies issued by APHIS or other State or Federal Government agencies to be used in accredited work. Misuse of these items by the accredited veterinarian or anyone else should result in a minimum penalty of 90 days.

K. Accredited veterinarians may issue or sign a an incomplete health certificate for export use without including test results from a laboratory if the AVIC has determined that such action is necessary to save time in order to

meet an exportation schedule and agrees to add test results at a later time. The accredited veterinarian shall state on a removable attachment that such test results are to be added by the AVIC. Failure to do so should result in a minimum penalty of 60 days.

## V. CASES SENT TO VS HEADQUARTERS STAFF FOR FORMAL ACTION

All cases that are not resolved at the informal conference should be sent immediately to the SGEPD Staff at VS headquarters for formal action. The case will then be handled as follows:

A. A SGEPD Staff veterinarian will coordinate a review of the case by any or all of the following: RE headquarters Staff, appropriate APHIS program staffs, Assistant Deputy administrator for VS, OGC, and any other APHIS officials as are deemed necessary to complete a thorough review of the case. Upon receipt, a copy of the case will immediately be forwarded to RE headquarters Staff for the aforementioned review and continued tracking in CITS.

B. Upon completion of the case review, the SGEPD Staff will make a penalty recommendation to the Deputy Administrator (DA) for VS. The DA will make one of the following decisions based on information contained in the case review:

1. If the DA believes that a serious violation has occurred and it does not warrant suspension or revocation of the veterinarian's accreditation, the DA can close the case by issuance of a warning identifying a significant breach of the Standards and informing the veterinarian of proper procedures to be followed.

2. If the DA believes that a serious violation has occurred and that suspension or revocation of the veterinarian's accreditation is warranted, the case shall be forwarded to OGC requesting issuance of a formal complaint recommending a specific penalty of suspension or revocation.

C. A SGEPD Staff veterinarian will proceed with the case based on the DA's decision and act as liaison with OGC, VS field staff, RE Staff, and any State animal health personnel, to facilitate the filing of the formal complaint and completion of the formal hearing procedure. All questions or requests concerning the cases should be forwarded through the SGEPD Staff. The SGEPD Staff is responsible for coordinating the cases and assuring that any decisions or actions taken on cases are consistent with agency policy and guidelines.

D. At the conclusion of the formal action, the case will be sent to the RE headquarters Staff for filing in accordance with instructions from the Deputy Administrator for REAC.

## VI. ACCREDITATION REVOCATION AND VETERINARY LICENSE TERMINATION

In cases in which VS can proceed administratively, investigative material developed for use in accreditation hearings can be released to State officials for use by State licensing boards. Such release is permissible under the Privacy Act without written request or consent of the individual involved. Since delaying an administrative action could jeopardize the successful outcome of a case, administrative action should not be withheld pending action by licensing boards.

Administrative action against an accredited veterinarian can proceed simultaneously with action by the State licensing board. Should questions arise regarding this procedure, the SGEPD Staff should be contacted for clarification or advice.

## VII. REACCREDITATION

A. A veterinarian whose accreditation has been suspended for less than 6 months (other than a summary suspension that is changed to a revocation as the result of an adjudicatory proceeding) will automatically be reinstated as an accredited veterinarian upon completion of the suspension. A veterinarian whose accreditation has been suspended for 6 months or more will be allowed to resume doing accredited work after he/she has completed a reorientation program approved by the AVIC. AVIC's should make sure that the veterinarian has the information necessary to function effectively in the program and are willing to follow the Standards, especially the ones previously violated.

B. If a veterinarian's accreditation is revoked, he/she may reapply after a period of not less than two years. He/she must complete an application for accreditation and meet the same requirements as a newly accredited veterinarian. AVIC's with the advice of the SAHO, should approve such reaccreditation only after the veterinarian has offered adequate assurance that she/he will fulfill the duties of an accredited veterinarian. If a veterinarian is approved to become reaccredited then he/she must complete a reaccreditation orientation program approved by the AVIC in the State in which the veterinarian wishes to perform accredited work.

Billy G. Johnson
Deputy Administrator
Veterinary Services

United States Department of Agriculture
Animal and Plant Health Inspection Service
P.O. Box 96464
Washington, DC
20090-6464

December 1, 1992

VETERINARY SERVICES MEMORANDUM 576.1
Supplement No. 1

Subject: Sample Letters Used in Veterinary Accreditation Cases

To: Area Veterinarians in Charge, VS

I. **PURPOSE**

The purpose of this memorandum is to establish uniformity in letter format by providing sample letters normally issued by the Area Veterinarian in Charge (AVIC) in calling and concluding informal conferences held for accredited veterinarians who have violated the "Standards for Accredited Veterinarian Duties."

II. **GENERAL**

The Office of the General Counsel (OGC) has approved these sample letters as a guide for the AVIC.

III. **ACTION**

A sample is attached for:

-Letter calling an accredited veterinarian to an informal conference.
-Letter for suspension or revocation of veterinary accreditation prior to an informal conference.
-Letter for issuance of letter of information.
-Letter for issuance of letter of warning.
-Consent agreement for suspension of accreditation.
-Consent agreement for revocation of accreditation.
-Order for revocation/suspension of veterinary accreditation.

These sample formats shall be used as guides by the AVIC in the informal conference procedures. They have been approved by OGC to assure accredited veterinarians their due process.

Billy G. Johnson
Deputy Administrator
Veterinary Services

9 Attachments

APHIS—Protecting American Agriculture

Attachment 1

(Sample cover letter for issuance of
letter of information pursuant to 9 CFR 162.12(b))

(Date)

Dr. _____

Certified Mail-Return
Receipt Requested

Address

Dear Dr. _____:

Evidence indicates the you have violated the Standards for Accredited Veterinarian Duties found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3) by:

_____

_____

_____

I have decided to issue you a letter of information in this instance in lieu of taking action to suspend or revoke your veterinary accreditation, since these violations were caused by minor administrative errors.

Please be advised that as an accredited veterinarian you must comply with the standards set forth in 9 CFR 161.3. These standards must be complied with when you perform functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, as well as when you perform functions required by cooperative State-Federal disease control and eradication programs.

If you have any questions regarding the Standards for Accredited Veterinarian Duties (9 CFR 161.3), please call or write me. My telephone number and address are as follows:

_____

_____

_____

You should be aware that any future violations of the Standards for Accredited Veterinarian Duties may result in the Department's suspending or revoking your veterinary accreditation.

Sincerely,

(Signature)

(Signature Block)

Attachment 2

(Sample cover letter for issuance of
letter of warning pursuant to 9 CFR 162.12(b))

(Date)

Dr. _____

Certified Mail-Return
Receipt Requested

Address

Dear Dr. _____:

Evidence indicates the you have violated the Standards for Accredited Veterinarian Duties found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3) by:

_____

_____

_____

I have decided to issue you a letter of warning in this instance in lieu of taking action to suspend or revoke your veterinary accreditation, since _____ _____.

Please be advised that as an accredited veterinarian you must comply with the standards set forth in 9 CFR 161.3. These standards must be complied with when you perform functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, as well as when you perform functions required by cooperative State-Federal disease control and eradication programs.

If you have any questions regarding the Standards for Accredited Veterinarian Duties (9 CFR 161.3), please call or write me. My telephone number and address are as follows:

_____

_____

_____

You should be aware that any future violations of the Standards for Accredited Veterinarian Duties may result in the Department's suspending or revoking your veterinary accreditation.

Sincerely,

(Signature)

(Signature Block)

Attachment 3

(Sample cover letter for alleged failure of accredited veterinarian to comply with the Standards for Accredited Veterinarian Duties)

(Date)

Dr. _____

Certified Mail-Return Receipt Requested

Address

Dear Dr. _____:

These is reason to believe that you have violated the Standards for Accredited Veterinarian Duties as set forth in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3).

Our information indicates that (put in facts of case here of how veterinarian violated the Standards for Accredited Veterinarian Duties).

Pursuant to 9 CFR 162.11, I wish to arrange an informal conference to discuss this matter with you. I have scheduled the conference for (time), on (date), at (place). Please let me know by telephone or letter, within 10 days of your receipt of this letter whether you will be present at the scheduled informal conference. I may be contacted at the following address and telephone number:

_____

_____

_____

Please note that in accordance with the provisions of Title 9, Code of Federal regulations, Parts 160-162, "Accreditation of Veterinarians and Suspension or Revocation of Such Accreditation," you do not have to participate in an informal conference to settle this matter. Section 162.12(c) of Title 9, Code of Federal Regulations, states that:

> If prior to, during, or at the conclusion of the informal conference, the accredited veterinarian consents, in writing, to the issuance of an order revoking or suspending his accreditation for a specified period of time, in lieu of further procedure, the Veterinarian in Charge may issue such an order without further procedure.

If you desire to settle this matter without an informal conference, please contact me at the above address or telephone number, within 10 days of your receipt of this letter.

Sincerely,

(Signature)

(Signature Block)

Attachment 4

(Sample cover letter for suspension or revocation
of veterinary accreditation prior to an informal conference)

(Date)

Dr. _____

Certified Mail-Return
Receipt Requested

Address

Dear Dr. _____:

(In our telephone conversation of (date)) (I received your letter dated (date) in which) you indicated that you did not wish to attend an informal conference, and you agreed to (the revocation) (a _____-month suspension) of your veterinary accreditation. Therefore, in accordance with Part 162.12(c) of Title 9, Code of Federal Regulations, I am enclosing a consent agreement for your signature regarding the (revocation) (suspension) of your accreditation.

If you sign the enclosed agreement, I shall issue an order (suspending/revoking) your veterinary accreditation for (length of time). The signed enclosed agreement should be sent to me at the following address, within 20 days of your receipt of this letter:

Dr. _____

_____

_____

The (revocation/suspension) of your accreditation shall be effective upon your receipt of the order (revoking/suspending) your veterinary accreditation.

Please telephone me at (_____) if you have any questions concerning this matter.

Sincerely,

(Signature)

(Signature Block)

Enclosure

Attachment 5

(Sample cover letter for issuance of
letter of information pursuant to 9 CFR 162.12(b))

(Date)

Dr. _____

Certified Mail-Return
Receipt Requested

Address

Dear Dr. _____:

As we discussed in the informal conference on _____, the evidence indicates that you have violated the Standards for Accredited Veterinarian Duties, found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3) by:

_____

_____

_____

As discussed in the informal conference, I have decided to issue you a letter of information in this instance in lieu of taking action to suspend or revoke your veterinary accreditation, since these violations were caused by minor administrative errors.

Please be advised that as an accredited veterinarian you must comply with the standards set forth in 9 CFR 161.3. These standards must be complied with when you perform functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, as well as when you perform functions required by cooperative State-Federal disease control and eradication programs.

If you have any questions regarding the Standards for Accredited Veterinarian Duties (9 CFR 161.3), please call or write me. My telephone number and address are as follows:

_____

_____

_____

You should be aware that any future violations of the Standards for Accredited Veterinarian Duties may result in the Department's suspending or revoking your veterinary accreditation.

Sincerely,

(Signature)

(Signature Block)

Attachment 6

(Sample cover letter for issuance of
letter of warning pursuant to 9 CFR 162.12(b))

(Date)

Dr. _____

Certified Mail-Return
Receipt Requested

Address

Dear Dr. _____:

As we discussed in the informal conference on _____, the evidence indicates that you have violated the Standards for Accredited Veterinarian Duties, found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3) by:

_____

_____

_____

As discussed in the informal conference, I have decided to issue you a letter of warning in this instance in lieu of taking action to suspend or revoke your veterinary accreditation, since _____.

Please be advised that as an accredited veterinarian you must comply with the standards set forth in 9 CFR 161.3. These standards must be complied with when you perform functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, as well as when you perform functions required by cooperative State-Federal disease control and eradication programs.

If you have any questions regarding the Standards for Accredited Veterinarian Duties (9 CFR 161.3), please call or write me. My telephone number and address are as follows:

_____

_____

_____

You should be aware that any future violations of the Standards for Accredited Veterinarian Duties may result in the Department's suspending or revoking your veterinary accreditation.

Sincerely,

(Signature)

(Signature Block)

Attachment 7

(Sample consent agreement for suspension of
Veterinary Accreditation to be used if veterinarian
agrees to suspension of (his/her) veterinary accreditation
prior to, during, or at the conclusion of an informal conference)

CONSENT AGREEMENT

In response to my alleged violation(s) of the "Standards for Accredited Veterinarian Duties" found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3) occurring on or about _____:

1) I, Dr. _____, admit that the Secretary of Agriculture has jurisdiction in this matter.

2) I hereby consent to the suspension of my veterinary accreditation for (no. of months) in lieu of further proceedings under the Rules of Practice Governing Revocation or Suspension of Veterinarians' Accreditation (9 CFR 162.1 et seq.), to begin upon the date of my receipt of the order suspending my veterinary accreditation.

3) I understand that the order issued suspending my veterinary accreditation shall have the same force and effect as entered after a formal hearing.

4) I understand that effective upon my receipt of the order issued suspending my accreditation, I will not be permitted to perform any functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, and I will not be permitted to perform functions required by cooperative State-Federal disease control and eradication programs.

5) I understand that at the end of the time period suspending my veterinary accreditation, I will be able to resume performing the functions set forth in paragraph four of this consent agreement.

6) I understand that if I am suspended for less than 6 months, I will be able to resume performing the functions set forth in paragraph five of this consent agreement. A suspension of 6 months or more will require me to attend a reorientation program approved by Veterinary Services officials before resuming my duties as an accredited veterinarian.

(Signature) _____

(Signature Block)

_____

Date

Attachment 8

(Sample consent agreement for revocation of
Veterinary Accreditation to be used if veterinarian agrees to
revocation of (his/her) veterinary accreditation prior to,
during, or at the conclusion of an informal conference)

CONSENT AGREEMENT

In response to my alleged violation(s) of the "Standards for Accredited Veterinarian Duties" found in Title 9, Code of Federal Regulations, Part 161.3 (9 CFR 161.3), occurring on or about _____:

1) I, Dr. _____, admit that the Secretary of Agriculture has jurisdiction in this matter.

2) I hereby consent to the revocation of my veterinary accreditation in lieu of further proceedings under the Rules of Practice Governing Revocation or Suspension of Veterinarians' Accreditation (9 CFR 162.1 et seq.) to begin upon the date of receipt of the order revoking my veterinary accreditation.

3) I understand that the order issued revoking my veterinary accreditation shall have the same force and effect as if entered after a formal hearing.

4) I understand that effective upon my receipt of the order issued revoking my accreditation, I will not be permitted to perform any functions specified in Subchapters B, C, and D of Title 9, Code of Federal Regulations, and I will not be permitted to perform functions required by cooperative State-Federal disease control and eradication programs.

5) I understand that the revocation of my veterinary accreditation will be effective for a period of not less than 2 years.

6) I understand that at the end of 2 years after the effective date of

the revocation of my veterinary accreditation, I may reapply for accreditation in accordance with 9 CFR 161.2(b).

(Signature) _____
(Signature Block)

_____
Date

Attachment 9

Sample order for (Revocation) (Suspension) of Veterinary Accreditation

(Date)

Certified Mail-Return
Receipt Requested

Order for (Revocation) (Suspension) of Veterinary Accreditation

The accreditation of Dr. _____, under the provisions of the regulations in Title 9, Code of Federal Regulations, Parts 160-162, "Accreditation of Veterinarians and Suspension or Revocation of Such Accreditation" is hereby (revoked) (suspended). This (suspension) (revocation) is effective in all States in which Dr. _____ is an accredited veterinarian. This order is final and shall have the same force and effect as if entered after a formal hearing. This order is effective upon the date of receipt of this order by Dr. _____.

(Signature) _____
(Signature Block)

_____
Date



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